JBOODOO 1016

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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EXAMINER



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COVER LETTER

| | tion Section of Corporations | | |
|-----------------------|---|---|---|
| SUBJECT: BO | CP Cypress Point LL | | |
| | (Name of For | eign Limited Liability C | Company) |
| Dear Sir or Mada | m: | | |
| The enclosed with | ndrawal and fee(s) are submitte | d for filing. | |
| Please return all o | orrespondence concerning this | matter to the following: | : |
| | | | |
| Brian F. Fitz | | | |
| | (Name of Person) | | |
| Nixon Peat | ody I I P | | |
| INIXOII I Car | (Firm/Company) | | |
| | , | | |
| 100 Summ | er Street | | |
| | (Address) | | |
| Boston, MA | A 02110-2131 | | |
| | (City/State and Zip Cod | e) | |
| For further inform | nation concerning this matter, p | elease call: | |
| | | | 0.45.4400 |
| Brian F. Fit | Zpatrick (Name of Person) | / ** \/ | 345-1163 Daytime Telephone Number) |
| | (Name of Cerson) | (Med Code de | Buy mile rerepitorie riamosty |
| | | ING ADDRESS: | |
| | ion Section | Registration Section Division of Corporations | |
| Division Clifton E | of Corporations | P.O. Box 6327 | |
| 2661 Exe | ecutive Center Circle see, Florida 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a che | ck for the following amount: | | |
| □ \$25 Filing Fee | \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| BCP Cypress Point LLC |
|---|
| (Name of limited liability company) |
| Massachusetts |
| (Jurisdiction of its organization) |
| M0100000816 |
| (Florida Document Number) |
| This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state. |
| This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. |
| One Boston Place, Suite 2100 |
| (Mailing address) |
| Parton MA 02408 4406 |
| Boston, MA 02108-4406 (City/State/Zip) |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. (Signature of member or authorized representative of a member) |
| Jeffrey H. Goldstein, Executive Vice President of BCP Management, Inc., its Manager |
| (Typed or printed name of signee) |

Filing Fee: \$25.00