M0/00000948

| ZOON DEC -6 P | 1j 27 | , ! | |
|---------------|-----------------------------------|--|--|
| | | 400043090344 | |
| | | 400043030314 | r |
| hone #) | | ; ; ! | |
| Name) | | 12/06/0401023005 | **25 . 00 |
| ber) | | | |
| RAL. | | | |
| 1 | SECRETARY OF Sme) INCLINIA SEE FI | hone #) MAIL Name) ber) ates of Status | SECRETARY DF STATE me) THILL ATTACES FLORIDA 400043090314 hone #) Name) 12/06/0401023005 ber) ates of Status |

Office Use Only



James D. Palermo

General Counsel, Senior Vice President

November 26, 2004

ZON4 DEC -6 P 1: 27
SECRETARY OF STATE
ALLAHASSEE, FI OBJE.

Florida Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: DeBartolo Acquisition Group, LLC - Withdrawal

Gentlemen:

Enclosed please find executed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for DeBartolo Acquisition Group, LLC, together with a check, in the amount of \$25.00, made payable to the Florida Department of State, in payment for the required filing fee for the Application.

Please forward your acknowledgement letter to my attention.

Thank you for your cooperation.

Very truly yours,

IAMES D. PALERMO

JDP/ms Enclosures

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DeBartolo Acquisition Group, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

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.

15436 North Florida Avenue, Suite 200

(Mailing address)

Tampa, Florida 33613

(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)

James D. Palermo, Esq./Authorized Rep.

(Typed or printed name of signee)

Filing Fee: \$25.00