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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SRINI R. MEDI

April 16, 2007

VIA REGULAR MAIL

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Application by Foreign Limited Liability for Withdrawal of Authority to Transact Business in Florida Bayview Financial Group, LLC

Dear Sir or Madam:

Enclosed please find the following documents with regard to the above reference withdrawal application:

- Cover Letter,
- Application by Foreign Limited Liability for Withdrawal of Authority to Transact Business in Florida (the "Withdrawal Application"),
- A check in the amount of \$25 made payable to the Florida Department of State, and
- A copy of Withdrawal Application along with a return self-addressed stamped envelope.

Please process the original Withdrawal Application and return a stamped copy of the Withdrawal Application in the return envelope.

If you have any questions, please feel free to contact me.

Cordially,

्र है क्ला Srini R. Medi .

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COVER LETTER

· TO:

TO:		tion Section of Corporations		
SUBJEC	_{СТ:} <u>Ва</u>	yview Financial Group,		
		(Name of Fo	oreign Limited Liability	Company)
Dear Sir	or Mada	m:		
The encl	osed wit	hdrawal and fee(s) are submit	ted for filing.	
Please re	eturn all	correspondence concerning the	is matter to the following	; :
Judith	A. Ja	(Name of Person)	<u></u>	
Law C	Office o	f Judith A. Jarvis, P.A (Firm/Company)	<u>. </u>	
1260	East C	Pakland Park Blvd., S	uite 200	
Fort La	auder	dale, FL 33334		
		(City/State and Zip Co	de)	•
For furth	er inform	nation concerning this matter,	please call:	
Judith	A. Jai	vis	_{at (} 954	₎ 677-7730
		(Name of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed	l is a che	ck for the following amount	:	
√ \$25 Fi	iling 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

Bayview Financial Group, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	· · · · · · · · · · · · · · · · · · ·
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to accept the behalf and appoints the Department of State as its agent for service of processuse of action arising during the time it was authorized to transact business in Flories.	cept service on ess based on a rida.
1260 East Oakland Park Blvd., Suite 200	
(Mailing address)	
Fort Lauderdale, FL 33334	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the change in its mailing address.	future of any
De 1	
Signature of member or authorized representative of a member)	
Glenn M. Gallant	07 SEC
Typed or printed name of signee)	APR AH
	APR 25 PI CRETAKT OF LAHASSEE,
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	F 50
	PH 12: 20 OF STATE EE, FLORIDA
	and the same

Filing Fee: \$25.00