

MO1000001761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

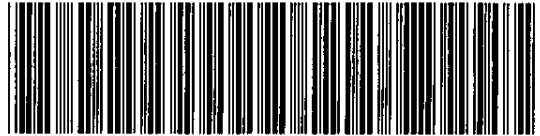
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300111223453

11/02/07--01012--007 \*\*25.00

FILED  
07 NOV -2 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THEODORE J. KLEIN**

ATTORNEY AT LAW  
8030 PETERS ROAD  
BUILDING D SUITE 104  
PLANTATION, FLORIDA 33324  
EMAIL: TKLEIN7777@AOL.COM

PHONE: (954) 370-2533

FAX: (954) 370-2566

October 31, 2007

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

**RE:** CBP Building Three LLC  
Document No.M01000001761

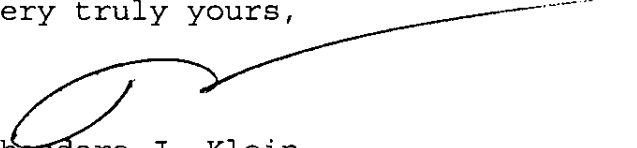
Dear Division of Corporations:

Enclosed is a check in the amount of \$25.00 together with the following documents for filing:

1. Application By Foreign Limited Liability Company For Withdrawal of Authority to Transact Business in Florida.

Please file the Application and please return correspondence concerning this matter to the undersigned.

Very truly yours,

  
Theodore J. Klein,  
Attorney at Law

Enclosure

cc: Toni Padron

C:\SharedData\WP\DAILY\1031.2.wpd

FILED  
07 NOV -2 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CBP Building Thore 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.

2875 N.E. 191 Street, PH7B

(Mailing address)

Aventura, Florida 33180

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

x [Signature]

(Signature of member or authorized representative of a member)

Jack Aron, Manager and Authorized Person

(Typed or printed name of signee)

07 NOV -2 AM 10:23  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**