

M01000001821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

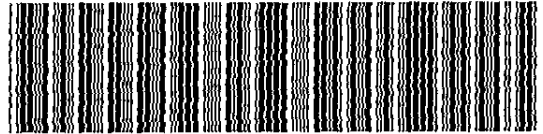
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200023473082

RECEIVED
03 OCT 23 AM 10:32
DIVISION OF CORPORATION

13K

FILED
03 OCT 23 PM 1:32
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 291139 4804661

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
03 OCT 23 PM 1:32
TALLAHASSEE, FLORIDA

ORDER DATE : October 22, 2003

ORDER TIME : 9:54 AM

ORDER NO. : 291139-010

CUSTOMER NO: 4804661

CUSTOMER: Rita Slager, Legal Assistant
Michael Best & Friedrich Llc
Suite 1900
401 North Michigan Avenue
Chicago, IL 60611-4206

FOREIGN FILINGS

NAME: ASTON GARDENS AT WEST PALM
BEACH, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Darlene Ward - EXT# 1135

EXAMINER: _____

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

FILED
OCT 23 PM 1:33
TALLAHASSEE, FLORIDA

ASTON GARDENS AT WEST PALM BEACH, 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.

c/o Gerald Gerlach, 137 S. Pebble Beach Boulevard, Ste. 201
(Mailing address)

Sun City Center, Florida 33573
(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)

Don E. Ackerman, Authorized Representative
(Typed or printed name of signee)

Filing Fee: \$25.00