

# M01000002081

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: REMIC 798 Management, L.L.C. 7/8

(Name of corporation)

DOCUMENT NUMBER: M01000002081 MJH

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy West

(Name of Person)

Prism Hotels

(Firm/Company)

8235 Douglas Ave., #600

(Address)

Dallas, TX 75225

(City/State and Zip code)

000006253350--0

-07/08/02-01074-019

\*\*\*\*\*25.00 \*\*\*\*\*25.00

For further information concerning this matter, please call:

Nancy West

(Name of Person)

at ( 214 ) 257-1032

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**

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

02 JUL -8 PM 12:37  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FILED

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

REMIC 798 Management, L.L.C.

(Name of limited liability company)

Texas

(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.

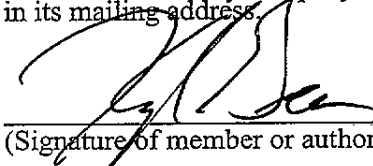
8235 Douglas Avenue, #600

(Mailing address)

Dallas, TX 75225

(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)

Kyle Green

(Typed or printed name of signee)

**FILED**  
02 JUL -8 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**