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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

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CNL MI-4, LLC

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Thank You!

Connie

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Fax Number : (850) 617-6383

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Account Name , C T CORPORATION SYSTEM

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https://efile.sunbiz.org/scripts/efilcovr.exe

12/3/2007

ECM 21 MID VID 00K 80S: 80S: 36 81 12 883 15 883 11: 34

PAZ NO. /NAME PAZ NO. /NAME PAGE(S) RESULT RODE

TIME: 12/03/2007 11:38

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TRANSMISSION VERIFICATION REPORT

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

CNL MI-4, LLC			
	(Name of limited liability company)		
Delaware		_	
	(Aurisdiction of its organization)	_	
This limited liability company is authority to transact business in th	no longer transacting business in Florida and surrenders it is state.	S	
This limited liability company rests behalf and appoints the Department of action ansing during the	vokes the authority of its registered agent to accept service of ment of State as its agent for service of process based on time it was authorized to mansact business in Florida.	n a	
One Post Office	Square, Suite 3100 (Mailing address)		
Boston, MA 0210			
	(City/State/Zip)		
The limited liability company appropriate thange in its mailing address.	grees to notify the Department of State in the future of an	y	
allement !		_	9
Signature of member or authorize	representative of a member))7(DIVISION
DANK! C. Wrigh		O7 DEC	ON C
Typed or printed name of signee)		ယ်	of Cok
	·	-) K

Filing Fee: \$25.00

TO 1777000 75 OT 1007/50/7T