

MO200000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

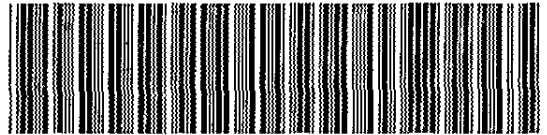
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900016361839

05/07/03--01005--008 **25.00

RECEIVED
03 MAY -6 PM 3:46
JANE
NATIONS
TALLAHASSEE
FLORIDA

FILED
03 MAY -6 PM 4:11
TALLAHASSEE
FLORIDA
MO2-4
JR

CT CORPORATION

May 6, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5843633 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

SOUTHLAND APARTMENTS, L.L.C. (NV)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FILED
03 MAY -6 PM 4:11
TALLAHASSEE, FLORIDA

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

Southland Apartments, L.L.C.

(Name of limited liability company)

Nevada

(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.


One Towne Square, Suite 1913

(Mailing address)

Southfield, MI 48076

(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)

Irving R. Seligman, Trustee
(Typed or printed name of signee)

FILED
03 MAY - 6 PM 4:11
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00