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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE BIVISION OF CORPORATION

MAR 2 0 2012 T. **HAMPTON**

COVER LETTER

| | ion Section of Corporations | | |
|--|--|-------------------------------------|---|
| SUBJECT: | PINEHURST | ENTERPRIS | ES, LLC |
| | (Name of For | eign Limited Liability C | Company) |
| Dear Sir or Madar | n: | | |
| The enclosed with | drawal and fee(s) are submitte | d for filing. | |
| Please return all co | orrespondence concerning this | matter to the following: | |
| | Scott Hill (Name of Person) | | |
| Cale | Properties (Firm/Company) | | |
| P.o. | Bux 9330 (Address) | | |
| | He vike, AR 7 (City/State and Zip Cod | ⁷ 27 <i>0</i> 3 | |
| For further inform | nation concerning this matter, p | lease call: | |
| | off Hill | at (<u>479</u>) | 443-3641 Daytime Telephone Number) |
| | (Name of Person) | (Area Code &) | Daytime Telephone Number) |
| Registrat Division Clifton B 2661 Exe | T/COURIER ADDRESS: ion Section of Corporations duilding ecutive Center Circle see, Florida 32301 | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314 |
| Enclosed is a che | ck for the following amount: | | |
| \$25 Filing Fee | ■ \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

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

| FINEHORS! ENTERPRISES LIMITED LIABILITY COMPANY |
|---|
| PINE HURST ENTERPRISES LLC |
| PINE HURST ENTERPRISES, LLC (Name of limited liability company) |
| |
| Delaware (Jurisdiction of its organization) |
| (Jurisdiction of its organization) |
| M02000001186 |
| (Florida Document Number) |
| 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. |
| P.O. Box 9330 |
| (Mailing address) |
| Fayetteville, AR 72703 (City/State/Zip) |
| (City/State/Zip) |
| |
| The limited liability company agrees to notify the Department of State in the future of any change in its maining address. |
| (Signature of thember or authorized representative of a member) |
| DOUGLAS W. ALLEN |
| (Typed or printed name of signee) |
| m |

riary of state of corporation

Filing Fee: \$25.00