

M02000001843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

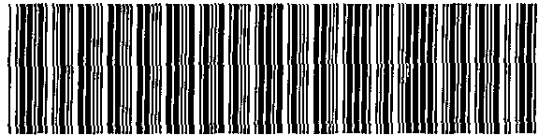
(Business Entity Name)

(Document Number)

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Bn

FILED
03 JAN 15 PM 1:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
03 JAN 15 AM 11:03
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03 JAN 15 PM 1:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CT CORPORATION

January 15, 2003

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

FILED
03 JAN 15 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5767888 SO
Customer Reference 1: 000366-112
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Miami Bella Vista Associates, L.L.C. (NJ)
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,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

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

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

03 JAN 15 PM 1:46
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Miami Bella Vista Associates, L.L.C. _____

(Name of limited liability company)

New Jersey _____

(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.

26 Columbia Turnpike _____

(Mailing address)

Florham Park, New Jersey 07932 _____

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Authorized Representative

(Signature of member or authorized representative of a member)

Alois V. Habjan, Esq. _____

(Typed or printed name of signee)

Filing Fee: \$25.00