

MO 2000002343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

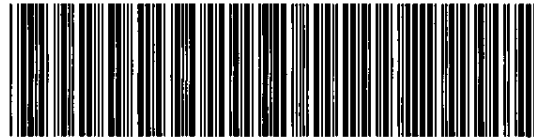
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100082983401

FILED

07 FEB - 1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 FEB - 1 AM 11:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 738300 5059367

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 31, 2007

ORDER TIME : 9:52 AM

ORDER NO. : 738300-010

CUSTOMER NO: 5059367

FOREIGN FILINGS

NAME: ASPEN BELLA VITA, LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER: _____

FILED
07 FEB -1 PM 2:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
07 FEB -1 PM 2:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

um

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

Aspen Bella Vita, LLC

(Name of limited liability company)

Colorado

(Jurisdiction of its organization)

FILED
07 FEB - 1 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

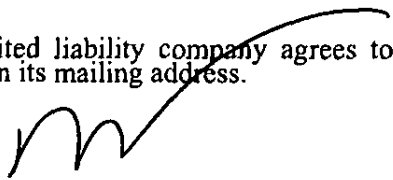
252 Clayton Street

(Mailing address)

Denver, CO 80206

(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)

Robert Jacobs, Class A Manager

(Typed or printed name of signee)

Filing Fee: \$25.00