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(Requestor's Name)			
(Address)	100067710821		
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)	03/17/0601023015 ** 25.00		
(Document Number)			
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CT: WOOD CREEK ASSOCIA	TES LLC		
	(Name of Fo	oreign Limited Liabili	ty Company)	
Dear Si	r or Madam:			
The end	losed withdrawal and fee(s) are submit	ted for filing.		
Please 1	eturn all correspondence concerning th	is matter to the follow	ing:	
				至治,
GAR	Y S. RICHMAN			E.
	(Name of Person)	= · · · · · · · · · · · · · · · · · · ·	<u></u>	55
WOC	D CREEK ASSOCIATES LL	С		ELLAHASSEE, FLO
	(Firm/Company)			
100 N	V. LaSalle St., Ste. 910		 .	
	(Address)			
Chica	go, IL 60602		ا الله الله الله الله الله الله الله ال	34 <u>2</u>
	(City/State and Zip Co	ode)		
For furt	her information concerning this matter,	please call:		
GAR'	Y S. RICHMAN	at (312	, 580-9090	
	(Name of Person)	(Area Code	e & Daytime Telephone Numl	per)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314	
Enclose	d is a check for the following amount	t:		
 7 \$25 ì	Filing Fee \$\sum \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Statu Certified Copy	ıs &

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

WOOD CREEK ASSOCIATES LLC
(Name of limited liability company)
Illinois
(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.
100 N. LaSalle St., Ste. 910
(Mailing address)
Chicago, IL 60602
(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) WOOD CREEK MANAGER, LLC, MANAGER

GARY S. RICHMAN, MANAGING MEMBER

(Typed or printed name of signee)

Filing Fee: \$25.00

