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| Certified Copies Certificates of Status |                   |              |
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TALLAHASSEE, FLORIDA



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## MARIO G. DE MENDOZA, III, P.A.

ATTORNEY AT LAW

12765 Forest Hill Boulevard Suite 1302 Wellington, Florida 33414 Telephone: (561) 659-1111 Telefax: (561) 784-2933 E-mail: office@pblaw.us 04 MAR -9 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 8, 2004

## **VIA FEDERAL EXPRESS TO:**

Corporate Records Bureau Division of Corporations Department of State 409 East Gaines Street Tallahassee, Florida 32399

> RE: Causeway Towers, LLC Our File No. 5300.23

Dear sir or madam:

Enclosed herewith please find an original and a copy of Causeway Towers, LLC's fully executed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida, together with a check in the amount of \$55.00, representing the filing fee and the fee for a certified copy of the Application for Withdrawal.

Once the enclosed document has been filed, please provide to me a certified copy thereof.

Thank you for your assistance.

Sincerely

Mario G. de Mendoza, III

FILED

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR -9 PH 1:57 WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN TALLAHASSEE. FLORIDA

| CAUSEWAY TOWERS, LLC  |
|---|
| (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 pehalf 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. |
| c/o Hale, Lane, 100 West Liberty Street, Tenth Floor (Mailing address)  |
| (a.ing ddd 655)   |
| Reno, Nevada 89501  |
| (City/State/Zip)  |
| The limited liability company agrees to notify the Department of State in the future of any change its mailing address.  Signature of member or authorized representative of a member)  |
| Harvey L. Armstrong   |
| Timed or printed name of cirmen   |

Filing Fee: \$25.00