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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
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EXAMINER



ROBERT M. JOHNSON, P.L.

Attorney at Law
ONE NORTH TUTTLE AVENUE
SARASOTA, FLORIDA 34237
TELEPHONE (941) 906-1480
FACSIMILE (941) 951-7702

RETARY

R 20 AM II: 50 ETARY OF STATE HASSEE. FLORIDA

VIA FACSIMILE NUMBER - 1-850-245-6030

April 20, 2011

Gina McLeod Regulatory Specialist II

In re: MASON-REALTY FLORIDA PROPERTIES, LLC

Withdrawal of Authority by Florida Limited Liability Company

Florida Document #MO00000089

MASON-REALTY FLORIDA PROPERTIES, LLC

W11000022049

Tracking #800202818228

Dear Ms. McLeod:

RMJ/mmm

I am attaching an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida.

This withdrawal will allow Mason-Realty Florida Properties, LLC to be filed under the above document and tracking numbers.

This withdrawal filing should be charged to my account which is I20060000159.

uly yours,

Thank you for your courtesy.

Bob Johnson

| COVER LETTER | | | | | | | |
|---|-----------------------------|---|---------------------------|--|---|---|--|
| | gistration Servision of Cor | | | | · | | |
| SUBJECT: | ľ | ASON-REALTY | FLORIDA | PROPE | RTIES, L.U.C. | | |
| | | (Name of | Forcign Limited | f Liability C | Company) | | |
| Dear Sir or | Madam: | | | | | | |
| The enclose | d withdrawa | l and fee(s) are subm | itted for filing. | | | | |
| Please return | all correspo | ondence concerning (| his matter to th | e following: | : | | |
| RO | BERT M. | JOHNSON | | | | | |
| | | (Name of Person) | | | | | |
| RO | BERT M. | JOHNSON, P | L | | | , | |
| | | (Firm/Company) | | | | | |
| ON | E NORTH | TUTTLE AVE | NUE | | | | |
| | | (Address) | | | | | |
| SÀ | rasota, | FL 34237 | | | | | |
| | | (City/State and Zip | Code) | | | | |
| For further | nformation (| concerning this matte | r, please call: | | | | |
| RO | BERT M. | JOHNSON | at (| 941 | 906-1480 | | |
| | (Name | of Person) | (/ | urca Code & | Daytime Telephone Number) | | |
| STREET/COURIER ADDRESS: Registration Section | | | | MAILING ADDRESS: Registration Section | | | |
| Division of Corporations Clifton Building | | | | Division of Corporations P.O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | | | | Tallahassee, Florida 32314 | | | |
| Enclosed is | a check for | the following amou | int: | | | | |
| □ \$25 Filin | g Fcc 🛭 | \$30 Filing Fee & Certificate of State | D \$55 Fili S Certifie | _ | □ \$60 Filing Fee, Certificate of Status & Certified Copy | Ľ | |

HOS/ # 120060000 159

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

| MASON-REALTY FLORIDA PROPERTIES, L.L.C. |
|---|
| (Name of limited liability company) |
| MASON_REALTY FLORIDA PROPERTIES, L.L.C. (Name of limited liability company) DELAWARE |
| (Jurisdiction of its organization) |
| мозоооооов9 |
| (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. |
| 85 SUGAR MILL DRIVE |
| (Mailing address) |
| OSPREY, FL 34229 |
| (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) RAYMOND E. MASON, III |
| |
| (Typed or printed name of signee) |