

**MD3000000203**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

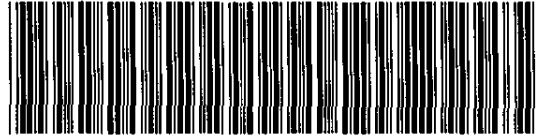
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TALLAHASSEE, FLORIDA**

**FILED**

**12 DEC 10 AM 10:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 452242 4348715

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 10, 2012

ORDER TIME : 3:40 PM

ORDER NO. : 452242-015

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME: SOUTHEAST RESIDENTIAL II  
ASSOCIATES LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Stephanie Milnes - EXT# 52920

EXAMINER: \_\_\_\_\_

FILED  
12 DEC 10 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Southeast Residential II Associates LLC**

(Name of limited liability company)

**Delaware**

(Jurisdiction of its organization)

**M03000000203**

(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.

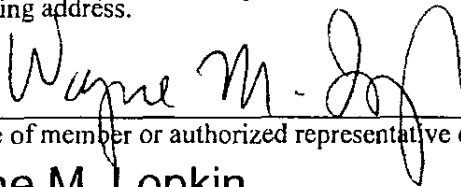
**825 Third Avenue, 36th Floor**

(Mailing address)

**New York, New York 10022**

(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)

**Wayne M. Lopkin**

(Typed or printed name of signee)

**Filing Fee: \$25.00**