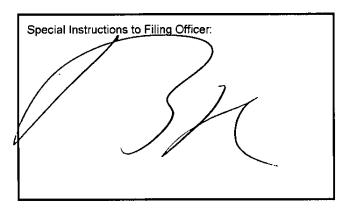
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| (F | Requestor's Name) | |
|------------------|-------------------------|--------|
| (<i>f</i> | Address) | |
| (/ | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| 7) | Document Number) | |
| Certified Copies | Certificates of | Status |



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DEPARTMENT OF STATE
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



| ACCOUNT NO. : 07210000032 |
|--|
| REFERENCE : 661212 4348715 |
| AUTHORIZATION Spellelenan Fig. 2 |
| COST LIMIT . COS 00 |
| ORDER DATE: December 13, 2006 |
| ORDER TIME: 10:07 AM |
| ORDER NO. : 661212-040 |
| CUSTOMER NO: 4348715 |
| FOREIGN FILINGS NAME: S.E. BRANDYWYNE WEST LLC |
| CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS |
| CONTACT PERSON: Amanda Haddan - EXT# 2955 EXAMINER: |

| APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR |
|---|
| WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA |
| FLORIDA CO |
| real control of the second of |
| FLORIDA |
| 五元 (|
| S.E. Residential Brandywyne West LLC |
| (Name of limited liability company) |
| $\mathcal{F}_{\mathcal{F}}$ |
| Dolaware 97 |
| (Jurisdiction of its organization) |
| T. |
| 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