

MO3000000818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

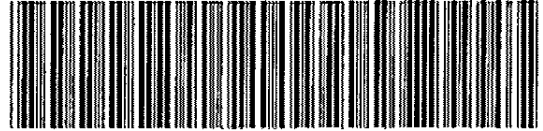
(Document Number)

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05/10/04 PM 12:46  
CLERK OF DISTRICT COURT

MO3-818  
OK

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# CURTIN LAW ROBERSON DUNIGAN & SALANS

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ATTORNEYS AT LAW

VICKI S. BAKER  
LEGAL ASSISTANT

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May 5, 2004

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Hispanica Fund, LLC  
Hispanica, LLC

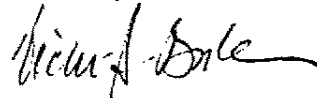
Dear Sir or Madam:

Enclosed for filing are an Application by Foreign Limited Liability Company for Withdrawal of Authority for each of the above referenced companies. A check in the amount of \$50.00 is also enclosed to cover the filing fee for each withdrawal.

Please send notification to me once the documents have been accepted for filing.

Thank you for your assistance in this matter.

Sincerely,



Vicki S. Baker  
Legal Assistant

RECEIVED  
FLORIDA SECRETARY OF STATE  
MAY 10 2004

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
MAY 10 2004

FILED

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

HISPANICA FUND, LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

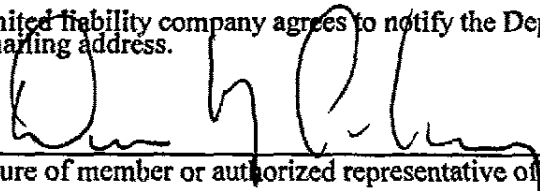
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

1707 L Street, N.W., #400  
(Mailing address)

Washington, D.C. 20036  
(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)

David M. Schwarz  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
MAY 10 PM 12:47