## M0300000 1610

| (Re                     | equestor's Name)   |             |
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| JA)                     | ddress)            |             |
| ·                       |                    |             |
| (Ci                     | ity/State/Zip/Phon | e #)        |
|                         |                    |             |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (P)                     | usiness Entity Nar | ma)         |
| (DC                     | asiness Endry Ivai | ile)        |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | Certificates       | s of Status |
|                         |                    |             |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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06 APR 27 PH 2: 00 SEULETARY OF STATE

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DIVISION OF CORPORATION



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 7092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 26, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6626823 SO

Customer Reference 1: NONE

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

VAMENS Court Village Entities (UC)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Fulfillment Specialist

Dewi Wilson



## **COVER LETTER**

|                           | on Section of Corporations                 |                                    |   |               |
|---------------------------|--|------------------------------------|---|---------------|
| SUBJECT: USA              | COURT VILLAGE 2, LLC                       | 4                                  |   |               |
|                           | (Name of Fo                                | reign Limited Liability            | y Company)  |               |
| Dear Sir or Madam         | <b>3:</b>                                  |                                    |   | FA            |
| The enclosed with         | drawal and fee(s) are submitte             | ed for filing.                     |   | سسم)<br>تينز: |
| Please return all co      | rrespondence concerning this               | matter to the following            | ng:   | ,<br>(1)      |
| ANITA ERHARD              |  |                                    |   |               |
|                           | (Name of Person)                           |                                    |   |               |
| U.S. ADVISOR, L           | <del></del>                                | <u> </u>                           | · · · · · · · · · · · · · · · · · · ·                         | E             |
|                           | (Firm/Company)                             |                                    |   |               |
| FIVE FINANCIAL            | PLAZA, SUITE 205                           |                                    |   |               |
|                           | (Address)                                  |                                    |   |               |
| NAPA, CA 94558            |  |                                    |   |               |
|                           | (City/State and Zip Cod                    | le)                                |   |               |
| For further informs       | tion concerning this matter, p             | olease call:                       |   |               |
| ANITA ERHARD              |  | at ( 707                           | 253-9953  |               |
| (t                        | Name of Person)                            | (Area Code                         | & Daytime Telephone Number)                                   |               |
| STREET/<br>Registratio    | COURIER ADDRESS:                           | ****                               | LING ADDRESS: stration Section                                |               |
| Division o                | f Corporations                             | porations Division of Corporations |   |               |
| Clifton Bu<br>2661 Exec   | ilding<br>utive Center Circle              |                                    | Box 6327<br>hassee, Florida 32314                             |               |
| Tallahasse                | e, Florida 32301                           |                                    |   |               |
| Enclosed is a check       | k for the following amount:                |                                    |   |               |
| <b> ▼ \$25</b> Filing Fee | \$30 Filing Fee &<br>Certificate of Status | S55 Filing Fee & Certified Copy    | \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |               |

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

| (Name of limited liability company)             |   |  |
|---|---|--|
|   |   |  |
| <del></del>                                     |   | ٠.   |
| (Jurisdiction of its organization)              |   |  |
|   |   |  |
| e financial plaza, suite 205                    |   |  |
| (Mailing address)                               | <del></del> "   |  |
| A, CA 94558                                     |   |  |
| (City/State/Zin)                                |   |  |
| neta ErherL                                     |   |  |
| ember or authorized representative of a member) |   |  |
| ember or authorized representative of a member) |   |  |
|   | ability company revokes the authority of its registered agent to acc appoints the Department of State as its agent for service of proce arising during the time it was authorized to transact business in Flor EFINANCIAL PLAZA, SUITE 205  (Mailing address)  A, CA 94558  (City/State/Zip)  ability company agrees to notify the Department of State in the ailing address. | ability company is no longer transacting business in Florida and surrenders its insact business in this state.  ability company revokes the authority of its registered agent to accept service on appoints the Department of State as its agent for service of process based on a arising during the time it was authorized to transact business in Florida.  E FINANCIAL PLAZA, SUITE 205  (Mailing address)  A, CA 94558  (City/State/Zip)  ability company agrees to notify the Department of State in the future of any ailing address. |

Filing Fee: \$25.00