

MD3000002115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

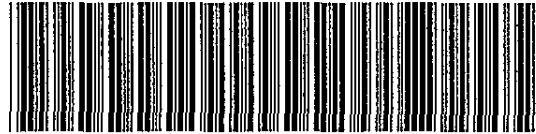
Certificates of Status _____

Special Instructions to Filing Officer:

12/15 with

MD3-2115

Office Use Only



100042990031

MDH

12/15/04--01044--001 **25.00

FILED
04 DEC 15 PM 3:19
TALLAHASSEE, FLORIDA

AJF-ABACOA, L.L.C
1200 UNIVERSITY DRIVE, SUITE 210
JUPITER, FL 33458

December 13, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Application for Withdrawal

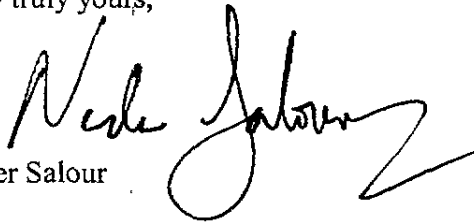
Dear Sir or Madam:

Attached is the completed Application by foreign limited liability company for withdrawal of authority to transact business in Florida for AJF-Abacoa, L.L. C.. The assigned document number in Florida for this entity is M03000002115. The appropriate filing fee of \$25.00 is enclosed.

If you have any questions with respect to this matter, please do not hesitate to contact us at your earliest convenience.

Very truly yours,

Nader Salour

A handwritten signature in black ink, appearing to read 'Nader Salour', with a stylized flourish at the end.

Enclosures

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

AJF-ABACOA, L.L.C

(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.

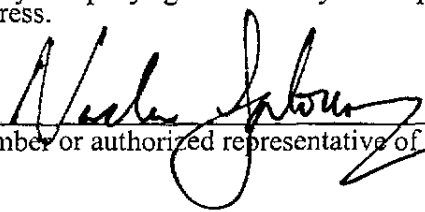
1200 UNIVERSITY DRIVE, SUITE 210

(Mailing address)

JUPITER, FLORIDA 33458

(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)

NADER SALOUR

(Typed or printed name of signee)

FILED
04 DEC 15 PM 3:19
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00