M03000002120

(R€	equestor's Name)			
(Ac	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	=====================================		
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PICK-UP	WAIT	MAIL		
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(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Charles Instructions to	Filing Officer			
Special Instructions to	Filing Officer.			
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SECRETARY OF STATE;
ALLAHASSEE, FIREIN,

J. SAULSBERRY EXAMINER
MAR 7 2012

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	SFP OAK RAMBI (Name of Fore	E II, LLC eign Limited Liability C	Company)		
Dear Sir or Madam:					
The enclosed withdraw	al and fee(s) are submitted	d for filing.			
Please return all corres	condence concerning this	matter to the following	:		
LANETTE MCAND	REWS (Name of Person)				
EDWARD SCHWAR	TZ & CO. (Firm/Company)		· Act Pila	2012 MAR -5 SECRETARY	
3190 DOOLITT	LE DRIVE (Address)		·	7	
NORTHBROOK,	IL 60062		ONE	AM 9: 42 OF STATE OF STATE	
	(City/State and Zip Cod	e)			
For further information	concerning this matter, p	lease call;			
LANETTE MCANDE) 753-6600	, <u> </u>	
(Nam	e of Person)	(Area Code &	Daytime Telephone Number)		
Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for	r the following amount:				
□ \$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	خ	



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

SFP OAK RAMBLE II, LLC (Name of limited liability company)
FLORIDA (Jurisdiction of its organization)
(Julisticiton of its organization)
M03000002120
(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.
3190 DOOLITTLE DRIVE (Mailing address)
NORTHBROOK, IL 60062
(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) AUTHORIZED AGENT
LANETTE MCANDREWS
(Typed or printed name of signee)

Filing Fee: \$25.00