

M03 000002388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

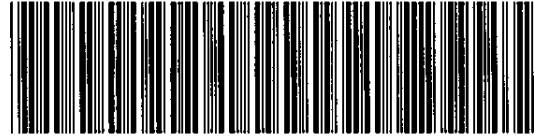
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600253640476

11/12/13--01024--003 **25.00

FILED
2013 NOV 12 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 13 2013

CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 165 Springs Fineplace ROAD LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Cooper
(Name of Person)

165 Springs Fine Place RD LLC
(Firm/Company)

21 Squines Path
(Address)

FAs Hampton NY 11937
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Cooper at (631) 324-8241
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
2013 NOV 12 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for 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

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

165 Springs-Fineplace Road LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

FL- M03000002388

(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.

21 Sawines Path

(Mailing address)

EAST HAMPTON, N.Y. 11937

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Robert Cooper member

(Signature of member or authorized representative of a member)

Robert Cooper

(Typed or printed name of signee)

2013 NOV 12 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Filing Fee: \$25.00