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SECRETARY OF STATE

J. BRYAN

APR 10 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: American Resigname of For	dential Equities XXV	<u> </u>	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitte	ed for filing.		
Please return all correspondence concerning this	s matter to the following:		
Lisette Smyth (Name of Person)		09 APR - SECRETA FALLAHAS	Sections of the section of the secti
American Residention (Firm/Company)	al Equities	09 APR -9 PM 1: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
- 2411 Ocean Aver	<u> </u>		
Venice CA 9 (City/State and Zip Cod	(e) 391		
For further information concerning this matter, p	please call:		
(Name of Person)	at (786) 866-4973 (Area Code & Daytime Telephone Number)		
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	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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

American Besidential Equities XXVIII, L	<u>. د د</u>	-	
(Jurisdiction of its organization)		-	
(,			
This limited liability company is no longer transacting business in Florida and surrent authority to transact business in this state.	ders its	ì	
This limited liability company revokes the authority of its registered agent to accept ser its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vice on ed on a	Į	
848 Brickell Ave., Penthouse (Mailing address)			
Miani, FL 33131 (City/State/Zip)			
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any	,	
(Signature of pherapher of authorized representative of a member)			
- / / /	TAL 3.8	09	
(Typed or printed name of signee)	₩	APR	1200.20
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Filing Fee: \$25.00