# M03000002747

(Re	equestor's Name)	
(Ac	idress)	
(Ad	Idress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	<u> </u>	<u> </u>

Office Use Only



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B. KOHR
DEC 1 2 2008

**EXAMINER** 

### Punta Gorda Crossings, LLC

#### Corporate Office

401 Commercial Ct Ste A, Venice FL 34292 Ph (941) 493-8549 Fax (941) 488-9009

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Phone: (850) 245-6051

December 5, 2008

RE:

Withdrawal By Foreign LLC – Punta Gorda Crossings, LLC FEIN: 56-2386136, Document Number: M03000002747

#### Attention Sir or Madam:

Enclosed is our application for the withdrawal of authority to transact business in Florida effective immediately, for the above limited liability company. I have also enclosed a check for \$60 which covers: filing fees of \$25, Certificate of Status \$5, and \$30 for a certified copy sent to us. If you should have any questions, please do not hesitate to contact us at the following:

Taylor Family Properties, Inc. 401 Commercial Ct, Suite A, Venice, FL 34292

Phone: 941-493-8549, ext 31

Fax: 941-488-9009

Sincerely,

Thomas G. Hawkins

Controller

Taylor Family Properties, Inc.

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FUNTA GORDA CA (Name of Forei	20551NGS, LLC gn Limited Liability Company)
(: tame of 1 of o	g. Zimitod Zidomiy Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted	for filing.
Please return all correspondence concerning this n	natter to the following:
THOMAS H. TAYLOR JK (Name of Person)	<u></u>
TAYLOR FAMILY PROPORTY	nes, INC.
401 COMMERCIAL CT, STLE	A
VENICE, FL 34292 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Name of Person)	at ( <u>941</u> ) <u>493-85-49</u> , ext 31 (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 \$\times\$	\$55 Filing Fee & Certified Copy Certified Copy Certified Copy

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

Name of limited liability company)
(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.
401 Commercial CT, STE A (Mailing address)
VENICE, FL 34292 (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)
(Signature of member or authorized representative of a member)  Tamoe David Taylor  (Typed or printed name of signee)
B.2. ·

Filing Fee: \$25.00