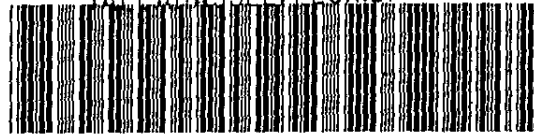


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04 FEB -2 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



300027908373

02/02/04--01091--005 **25.00

(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

AL

Filing and Recording of Documents

Date: January 26, 2004

Our File Number 1181

Re: Cornerstone Companies, LLC

FILED

The following document(s) are enclosed:

Application for Withdrawal of Authority

☐ Please return file-marked copies **FILED FEB -2 PM 1:03**

☐ Please enter date of filing and return this form to
us by _____, 2003.

☐ Charge our account for fees.

☒ Check enclosed to cover fees \$ 25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Florida Department of State
Katherine Harris
Withdrawal Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RETURN COPIES TO:

**SHEREE WEST
NOWALSKY, BRONSTON & GOTHARD, A.P.L.L.C.
ATTORNEYS AT LAW
3500 NORTH CAUSEWAY BOULEVARD
SUITE 1442
METAIRIE, LOUISIANA 70002
TELEPHONE: (504) 832-1984 FAX: (504) 831-0892**

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

FILED

04 FEB -2 PM 1:03

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Cornerstone Companies, LLC

(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.

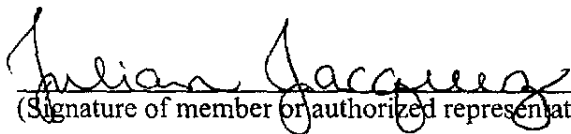
14902 Hickory Ct.

(Mailing address)

Eden Prairie, MN 55346

(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)

Julian Jacquez, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00