

M03000002909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

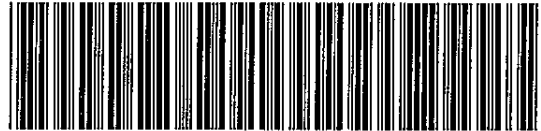
(Document Number)

Certified Copies _____ Certificates of Status _____

Special

Instructions to Filing Officer:

Office Use Only



100030261421

FILED

04 MAR 23 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAR 23 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature



CORPORATE SERVICE COMPANY™

ACCOUNT NO. : 072100000032
 REFERENCE : 515994 4305738
 AUTHORIZATION : *Patricia Pigato*
 COST LIMIT : \$ 25.00

FILED
 04 MAR 23 PM 6:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ORDER DATE : March 23, 2004
 ORDER TIME : 2:17 PM
 ORDER NO. : 515994-005
 CUSTOMER NO: 4305738

CUSTOMER: Christy Hall
 Hirschler Fleischer
 Bldg. 701, Federal Reserve
 Bank Building 701 East Byrd
 Richmond, VA 23219

FOREIGN FILINGS

NAME: AG BUSCHWOOD 5, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Sara Lea - EXT# 2914

EXAMINER: _____

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

AG BUSCHWOOD 5, LLC

(Name of limited liability company)

STATE OF DELAWARE

(Jurisdiction of its organization)

FILED
04 MAR 23 PM 6:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

701 EAST BYRD STREET, 15TH FLOOR

(Mailing address)

RICHMOND, VIRGINIA 23219

(City/State/Zip)

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

Lara D. Coleman
(Signature of member or authorized representative of a member)

LARA D. COLEMAN

(Typed or printed name of signee)

Filing Fee: \$25.00