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SECRETARY OF STAIL DIVISION OF CORPORATIONS



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Worth Cross Associates, I	LC
(Name of Fo	oreign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submit	ted for filing.
Please return all correspondence concerning th	is matter to the following:
Bernard S. Denick, Esquire	
(Name of Person)	
Offit Kurman, P.A.	
(Firm/Company)	•
8 Park Center Court, Suite 200	
(Address)	
Owings Mills, MD 21117	
(City/State and Zip Co	ode)
For further information concerning this matter,	please call:
Bernard S. Denick	<sub>at (</sub> 443 <sub>)</sub> 738-1526
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount	<b>t:</b>
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

Worth Cross Associates, LLC		
(Name of limited liability company)		
Maryland		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surrauthority to transact business in this state.	ender	's its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process because of action arising during the time it was authorized to transact business in Florida.	servic ased	e on on a
8 Park Center Court, Suite 200 (Mailing address)		
Owings Mills, MD 21117 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the futuchange in its mailing address.	re of	any
(Signature of member or anthorized representative of a member)	07	iviŭ
Robert S. Bricken, Manager	07 OCT 24	SICKE
(Typed or printed name of signee)	24 PH 1: 15	TARY OF STATE OF CORPORATIONS

Filing Fee: \$25.00