

M03000002952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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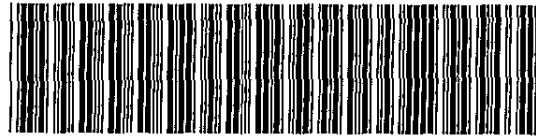
(Business Entity Name)

(Document Number)

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FILED  
2004 SEP 29 PM 12:45  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
04 SEP 29 PM 12:21  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 29 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 899415 4306601

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 25.00

ORDER DATE : September 23, 2004

ORDER TIME : 10:18 AM

ORDER NO. : 899415-140

CUSTOMER NO: 4306601

CUSTOMER: Ms. Rondi C. Simmons  
Barack, Ferrazzano,  
Suite 2700  
333 West Wacker Drive  
Chicago, IL 60606

FILED  
2004 SEP 29 PM 12:45  
JULIA J. SIMMONS  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: FRF 40, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER: \_\_\_\_\_

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

FILED  
2004 SEP 29 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FRF 40, 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.

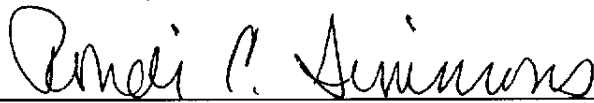
311 South Wacker Drive, Suite 4000 -- Attn: John Clayton

(Mailing address)

Chicago, Illinois 60606

(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)

Rondi C. Simmons, Authorized Person

(Typed or printed name of signee)

**Filing Fee: \$25.00**