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| (Re | questor's Name) | | | |
|-------------------------|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Coples | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only

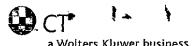


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04/27/06--01032--018 **525.00

O6 APR 27 PH 1:45

06 APR 27 AN II: 59" DIVISION OF CONFORMION



a Wolters Kluwer business

CT

1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 26, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6626730 SO

Customer Reference 1: NONE

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

VARJON Bradenton Entities (UC)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Fulfillment Specialist

Jannifer Murphy

COVER LETTER

| | on Section of Corporations | | | |
|--|---|----------------------------------|--|---|
| SUBJECT: USA | BRADENTON 16, LLC | | | |
| | | oreign Limited Liabilit | y Company) | |
| Dear Sir or Madam | | | | |
| _ | " Irawal and fee(s) are submit | ted for filing | | • |
| | rrespondence concerning th | | ng: | |
| ANITA ERHARD | | | | |
| | (Name of Person) | | | |
| U.S. ADVISOR, L | LC | | | ÷ |
| | (Firm/Company) | | | 211 SEC |
| FIVE FINANCIAL | PLAZA, SUITE 205 | | v | 06 APR 27 PH 1: 45 SECKLIAR (UF STATE ALLAHASSEE, FLORID |
| | (Address) | | | mc 2 |
| NAPA, CA 94558 | | | | 7 S1 |
| | (City/State and Zip Co | de) | **** | ATE ORIG |
| For further informat | ion concerning this matter, | please call: | | A |
| ANITA ERHARD | | at (707 | 253-9953 | |
| (N | ame of Person) | (Area Code | & Daytime Telephone Numbe | er) |
| Registration Division of Clifton Bui 2661 Execu Tallahasse | Corporations | Regis Divis P.O. Talla | LING ADDRESS: stration Section ilon of Corporations Box 6327 hassee, Florida 32314 | |
| \$25 Filing Pee | \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status Certified Copy | æ |

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

| USA BRADENT | ON 16, LLC | | |
|--|---|--|-------|
| | (Name of limited liability company) | | |
| DELAWARE | (CANCELLED IN DELAWARE ON 02/09/06) | | |
| | (Jurisdiction of its organization) | | |
| This limited li authority to tra | ability company is no longer transacting business in Florida and asset business in this state. | surrenders its | |
| This limited list its behalf and cause of action | ability company revokes the authority of its registered agent to accerappoints the Department of State as its agent for service of proces arising during the time it was authorized to transact business in Florians. | pt service on ss based on a ida. | |
| FIV | e financial plaza, suite 205 | | |
| | (Mailing address) | | |
| NAP | A, CA 94558 | - | |
| | (City/State/Zip) | | |
| The limited lia change in its ma | bility company agrees to notify the Department of State in the sailing address. | future of any | |
| l | Inita Erhard | | |
| Signature of m | ember or authorized representative of a member) | | |
| ANITA ERHARD | | 7 | |
| Typed or printe | ed name of signee) | EC 06. | |
| | | APR | |
| | | (n) - N) ** | 3240L |
| | | THE REST | 71 |
| | | FLO | |
| | | RID 45 | |

Filing Fee: \$25.00