

M03000003447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

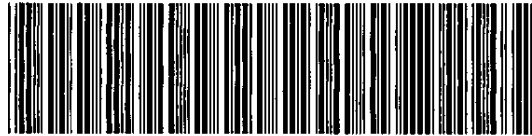
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 10 PM 5:00

B. KOHR

SEP 15 2009

EXAMINER



6201 College Boulevard, Suite 500
Overland Park, KS 66211
(913) 451-8788
Facsimile: (913) 451-6205
www.polsinelli.com

Geneva Reimer
Paralegal
Direct Phone: (913) 234-7518
greimer@polsinelli.com

September 9, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Cypress Parkway, LLC
Osceola Coney, LLC
Vineland, LLC
Withdrawal of Authority**

Dear Secretary,

Enclosed herein please find the original Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for Cypress Parkway, LLC, Osceola Coney, LLC and Vineland, LLC. We also enclose herein check in the amount of \$75.00 to cover the filing fees. Please file the same and return the filed evidence to the undersigned in the enclosed envelope.

Should you have any questions with respect to the enclosed, please do not hesitate to contact me.

Very truly yours,

Geneva Reimer
Paralegal to Lawrence A. Swain

GR:

Enclosures

cc: Jami Phillips
Lawrence A. Swain, Esq.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 10 PM 5:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypress Parkway, LLC, Osceola Coney, LLC, Vineland, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Geneva Reimer, Paralegal
(Name of Person)

Polsinelli Shughart PC
(Firm/Company)

6201 College Boulevard, Suite 500
(Address)

Overland Park, KS 66211
(City/State and Zip Code)

For further information concerning this matter, please call:

Geneva Reimer, Paralegal at (913) 234-7518
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 10 PM 5:00

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

Osceola Coney, LLC

(Name of limited liability company)

Kansas

(Jurisdiction of its organization)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 10 PM 5:00

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.

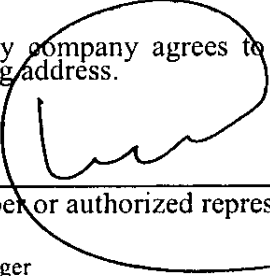
10955 Granada

(Mailing address)

Overland Park, KS 66211

(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)

Robert S. Cutler, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00