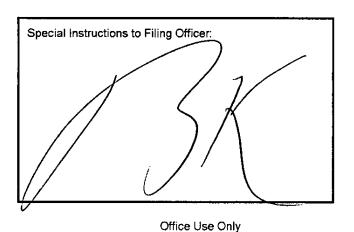
M 03 00000 4089

(Re	equestor's Name)	•	
(Ac	ldress)	•	
•			
(Address)			
(C i	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
	L		
(Business Entity Name)			
(Do	ocument Number)	
Certified Copies	Certificates of Status		





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SECNETARY OF STATE

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SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



ACCOUNT NO. :	072100000032
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REFERENCE :

4348715

AUTHORIZATION

COST LIMIT

ORDER DATE: December 13, 2006

ORDER TIME : 10:16 AM

ORDER NO. : 661212-065

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME: HOWELL BRANCH RESIDENTIAL

ASSOCIATES LLC

CORPORATE LIMITED PARTNERSHIP 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: Amanda Haddan - EXT# 2955

EXAMINER:

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

	Q.
	5
Howell Branch Residential Associates LLC	W
(Name of limited liability company)	
mg .	7 -
Delaware	 من
(Jurisdiction of its organization)	, €.
	500
This limited liability company is no longer transacting business in Florida and surrenders authority to transact business in this state.	its
This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based on cause of action arising during the time it was authorized to transact business in Florida.	on a
825 Third Avenue, 36th Floor	
(Mailing address)	
New York, New York 10022	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of a change in its mailing address.	ny
Warne M. Dalin	
(Signature of meriber or authorized representative of a member)	
Wayne M. Lopkin	
(Typed or printed name of signee)	

Filing Fee: \$25.00