## M040000000256

(Red	uestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	#h
(Oily	rotato/2(p/r florio	",
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
•	•	•
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
·	***	
	•	

Office Use Only



400149072874

04/09/09--01040--001 \*\*700.00

O9 APR -9 PM 1: 07
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN EXAMINER

## **COVER LETTER**

Division of Corporations				
SUBJECT: American Resident (Name of Foreign Limit	ial Equities XXX ted Liability Company)	<u>∭</u> ,∟	ـر	•
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted for filing	g.			
Please return all correspondence concerning this matter to	the following:			
Lisette Smyth (Name of Person)		SECRE	00 BP	
American Residential E. (Firm/Company)	<u>guiti</u> es	SECRETARY OF STATE TAIL AHASSEE, FLORIDA	R-9 PH 1	1
2411 Ocean Avenue (Address)		TATE ORIDA	: 07	
Venice CA 90 2 (City/State and Zip Code)	91			
For further information concerning this matter, please call:	:			
Cisette Smyth at (Name of Person)	Area Code & Daytime Telephone Number)	<del></del>		
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:				
	Filing Fee &\$60 Filing Fee, fied Copy Certificate of Status & Certified Copy			

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

American Residential Equities XXXIII, LLC (Name of limited liability company)
Dela ware (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.
848 Brickell Ave, Penthouse (Mailing address)
Miami, FL 33131 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing aldress.
(Signature of member or authorized representative of a member)
Typed or printed name of signee)  SECRETARY OF STATE TORIO

Filing Fee: \$25.00