M04000000314

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	<i>≠</i>)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



100069897911

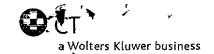
04/27/06--01032--019 **475.00

SECRETARY OF STATE FALLAHASSEE. FLORIDA

RECEIVED

06 APR 27 AN II: 58

DIVISION OF CORF-GRAFION



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 #: 6626628 SO

Customer Reference 1: NONE

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

VARIOUS HAMPHIN Entitles (CLC)

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,

Connic Bryan Fulfillment Specialist

\$ 25 x 19 = 47500

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: USA HAMPTONS 1, LLC				
	Foreign Limited Liabilit	ty Company)		
Dear Sir or Madam:				
The enclosed withdrawai and fee(s) are subm	itted for filing.			
Please return all correspondence concerning t	_	ing:		
ANITA ERHARD				
(Name of Person)		_	06 p	
			6 APR 27 PM 1: 43 ECRETARY OF STATE LLAHASSEE, FLORIDA	1
U.S. ADVISOR, LLC			27 ASS	- 13
(Firm/Company)			inc o	
			FS =	
FIVE FINANCIAL PLAZA, SUITE 205			SEA +	
(Address)			S POP	
NAPA, CA 94558				
(City/State and Zip C	ode)		•	
For further information concerning this matter	, please call:			
ANITA ERHARD	at (253-9953		
(Name of Person)	(Area Code a	& Daytime Telephon	e Number)	
STREET/COURIER ADDRESS:	MAI	LING ADDRESS	:	
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
•				
Enclosed is a check for the following amoun	t:			
\$25 Filing Fee \$25 Certificate of Status	555 Filing Fee & Certified Copy	S60 Filing F Certificate o Certified Co	f Status &	

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

USA HAMPTONS 1, LLC	
	(Name of limited liability company)
DELAWARE (CANCELLED I	IN DELAWARE ON 02/09/06)
	(Jurisdiction of its organization)
This limited liability company authority to transact business in	is no longer transacting business in Florida and surrenders its this state.
This limited liability company rais behalf and appoints the Dep cause of action arising during the	revokes the authority of its registered agent to accept service on a strate as its agent for service of process based on a e time it was authorized to transact business in Florida.
FIVE FINANCIAL PLAT	·
	(Mailing address)
NAPA, CA 94558	
	(City/State/Zip)
The limited liability company a change in its mailing address.	agrees to notify the Department of State in the future of any
(Signature of member of authorize	zed representative of a member)
ANITA ERHARD	
(Typed or printed name of signee	2)
	, =
	06 # VLL/

Filing Fee: \$25.00