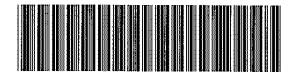
NOH00000315

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (, |
| (City/State/Zip/Phone #) |
| (Oity/Otate/Zip/Filone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Continued coopies |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



000069897920

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

DIVISION OF CORPORATION

06 APR 27 AN II: 58 RECEIVED



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 HAMPTON Entitles (CCC)
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,

Connic Bryon Fulfillment Specialist

COVER LETTER

| | ion Section of Corporations | | | |
|--|--|---|--|-----------------------------------|
| SUBJECT: USA | . HAMPTONS 2, LLC | | | |
| | (Name of F | oreign Limited Liability | y Company) | |
| Dear Sir or Madar | n: | | | , |
| The enclosed with | drawal and fee(s) are submi | tted for filing. | | |
| Please return all co | orrespondence concerning th | is matter to the following | ng: | |
| ANITA ERHARD |) | | | |
| | (Name of Person) | | | , |
| U.S. ADVISOR, L | alc | | | OS A |
| | (Firm/Company) | | ~- | · ARR |
| FIVE FINANCIAL | L PLAZA, SUITE 205 | | | FILL PH 1:42 BECRETARS EE, FLORID |
| - | (Address) | | _ | For - |
| NAPA, CA 94558 | | | | 器 5 |
| | (City/State and Zip Co | ode) | - - | P |
| For further informa | ation concerning this matter, | please call: | | |
| ANITA ERHARD | | at (| 253-9953 | |
| (1 | vame of Person) | (Area Code & | t 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 | k for the following amount | • | | |
| X \$25 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | ☐\$55 Filing Fee & Certified Copy | S60 Filing Fee, Certificate of Status & Certified Copy | |

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

| USA HAMPTON | S 2, LLC |
|--|---|
| | (Name of limited liability company) |
| DELAWARE | (CANCELLED IN DELAWARE ON 02/09/06) |
| | (Jurisdiction of its organization) |
| This limited li- authority to train | ability company is no longer transacting business in Florida and surrenders its asset business in this state. |
| This limited linits behalf and cause of action | ibility company revokes the authority of its registered agent to accept service on a appoints the Department of State as its agent for service of process based on a arising during the time it was authorized to transact business in Florida. |
| FIVI | 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 future of any ailing address. |
| ane | ta Erhard |
| (Signature of m | ember or authorized representative of a member) |
| ANITA ERHARD | _ |
| (Typed or printe | ed name of signee) |

Filing Fee: \$25.00

O6 APR 27 PM 1:4