## M0400000333

(Requestor's Name)	
(Address)	
(Address)	
<b>,</b>	
(Cit. (Ch. L. Tij. /Dh. ana fi	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
<u> </u>	
(Deciment Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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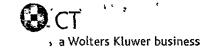
04/27/06--01032--019 \*\*475.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

RECEIVED

06 APR 27 PH I2: 10

DIVISION OF CURPORATION



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 (LLC)
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**

SUBJECT: USA	HAMPTONS 10, LLC	100		
	(Name of F	oreign Limited Liabi	lity Company)	
Dear Sir or Madan	<b>1:</b>			ALLA
The enclosed with	drawal and fee(s) are submit	tted for filing.		
Please return all co	Corporations  AMPTONS 10, LLC  (Name of Foreign Limited Liability Company)  awal and fee(s) are submitted for filing.  Espondence concerning this matter to the following:  (Name of Person)  (Firm/Company)  LAZA, SUITE 205  (Address)  (City/State and Zip Code)  In concerning this matter, please call:  at (707 253-9953  the of Person)  (Area Code & Daytime Telephone Number)  DURIER ADDRESS: Section Corporations  MAILING ADDRESS: Registration Section Division of Corporations			
ANITA ERHARD				
	adam:  withdrawal and fee(s) are submitted for filing.  ARD  (Name of Person)  R, LLC  (Firm/Company)  CIAL PLAZA, SUITE 205  (Address)  SS8  (City/State and Zip Code)  semation concerning this matter, please call:  RD  at (707 253-9953  (Name of Person)  (Area Code & Daytime Telephone Number)  ET/COURIER ADDRESS: ration Section m of Corporations a Building p.O. Box 6327 Executive Center Circle seece, Florida 32301  back for the following amount:			
U.S. ADVISOR, L	ıc		<u>.:.</u>	
	(Firm/Company)			
FIVE FINANCIAL	PLAZA, SUITE 205	90.0		
	(Address)			
NAPA, CA 94558				
	(City/State and Zip Co	ode)	<b></b>	
For further informa	tion concerning this matter,	please call:		
ANITA ERHARO		at ( 707	253-9953	
(1)	(ame of Person)	(Area Cod	e & Daytime Telephone Numb	cr)
Registratio Division of Clifton Bui 2661 Execu Taltahasses	n Section F Corporations Iding ative Center Circle s, Florida 32301	Rej Div P.C Tal	gistration Section vision of Corporations D. Box 6327	
X \$25 Filing Fee	Certificate of Status	S55 Filing Fee & Certified Copy	k S60 Filing Fee, Certificate of Status Certified Copy	<b>&amp;</b>

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

	· · · · · · · · · · · · · · · · · · ·
	(Name of limited liability company)
DELAWARE	(CANCELLED IN DELAWARE ON 02/09/06)
<del></del>	(Jurisdiction of its organization)
This limited li authority to tra	ability company is no longer transacting business in Florida and surrenders it insact business in this state.
This limited li its behalf and cause of action	ability company revokes the authority of its registered agent to accept service of 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.
FIV	E FINANCIAL PLAZA, SUITE 205
<del></del>	(Mailing address)
NAP	A, CA 94558
	(City/State/Zip)
an	ability company agrees to notify the Department of State in the future of any ailing address.
(Signature of m	
· -	ember or authorized representative of a member)
anita erhari	•

Filing Fee: \$25.00