

M04U00000624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

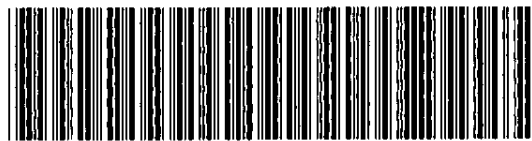
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
SEP 26 2011
EXAMINER



100212425151

RECEIVED
11 SEP 26 AM 11:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 SEP 26 PM 3:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 923326 7483879
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 SEP 26 PM 3:00

ORDER DATE : September 26, 2011

ORDER TIME : 10:27 AM

ORDER NO. : 923326-010

CUSTOMER NO: 7483879

FOREIGN FILINGS

NAME: THE WILLIAMS ISLAND MARINA,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT#

EXAMINER: _____

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

FILED STATE
SECRETARY OF CORPORATIONS
11 SEP 26 PM 3:00

THE WILLIAMS ISLAND MARINA, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M04000000624

(Florida Document Number)

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.

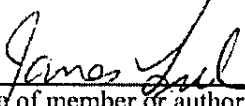
4000 Island Boulevard,

(Mailing address)

Aventura, FL 33160

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

James M. Lieb, Executive Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00