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COVER LETTER

Division of Co				
SUBJECT: Wit	Adsor Bride	geside Ho	ldings LLC	
	(Name of For	eign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withdraw	al and fee(s) are submitte	ed for filing.		
Please return all corresp	pondence concerning this	matter to the following	:	
Tom	(Name of Person)			
Windsor	Bridgeside (Firm/Company)	Holdings	LLC	
400 N. Andrews Avenue (Address)				
	derdale, F (City/State and Zip Cod			
For further information concerning this matter, please call:				
Tom	Bluth	at (95 4)	S22- 48W Daytime Telephone Number)	
(Name	of Person)	(Area Code & I	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 for the following amount:				
⊈ \$25 Filing Fee I	■ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy	

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

Windsor Bridge side Holdings LLC (Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
M 04 00 0000 727
(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.
400 N. Andrews Avenue (Mailing address)
(Maning address)
Fort Lauderdale, Fl 33301
Frt Landerdale, F/ 3330/ (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Hone In Rless
(Signature of member or authorized representative of a member)
(Typed or printed name of signee) THOMAS M. Bloth, ms-
(Typed or printed name of signee) THOMAN M. BIOH, mg.

Filing Fee: \$25.00