

M 04 000001 002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

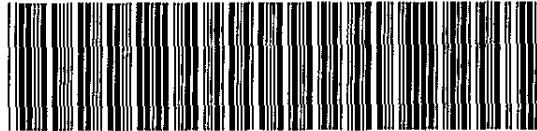
(Business Entity Name)

(Document Number)

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04 MAY -6 PM 3:01,  
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TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 616395 5062203

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED  
04 MAY - 6 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 5, 2004

ORDER TIME : 10:48 AM

ORDER NO. : 616395-080

CUSTOMER NO: 5062203

CUSTOMER: Rochelle Brook  
Wolf, Block, Schorr &  
Suite 1000  
250 Park Avenue  
New York, NY 10177

FOREIGN FILINGS

NAME: HS-MELBOURNE FL, LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: \_\_\_\_\_

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

FILED  
MAY - 6 PM 3:04  
TALLAHASSEE, FLORIDA

HS-MELBOURNE FL, LLC  
(Name of limited liability company)

DELAWARE  
(Jurisdiction of its organization)

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.

c/o Wachovia Development Corporation, One Wachovia Center TW-17  
(Mailing address)

Charlotte, North Carolina 28288  
(City/State/Zip)

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

Wachovia Development Corporation

Gabrielle Braverman  
(Signature of member or authorized representative of a member)

By: Gabrielle Braverman, Assistant Secretary  
(Typed or printed name of signee)

**Filing Fee: \$25.00**