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J. BRYAN

APR 10 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: American Residential Equities XX (Name of Foreign Limited Liability Company)	(XV <u>,</u> 1	_ (-
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Lisette Smyth (Name of Person)	SECRETA	09 APR -9	1.1200 j.j.h. j. 1.1200 j.j.h. j. 1.4442 - 1.4444
American Residential Equities (Firm/Company)	ECRETARY OF STATE LAHASSEE, FLORID	-9 PM 1:08	
2411 Ocean Avenue	ATTE AUDA	80	
Venice CA 90291 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (786) 866-497 (Area Code & Daytime Telephone Number	<u>3</u>		
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 \$\sum \\$30 Filing Fee & \sum \\$55 Filing Fee & \sum \\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy	s &		

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

(Name of limited liability company)	, XV, LCC
Dalamaca	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Floric authority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business	to accept service on f process based on a in Florida.
848 Brickell Ave. Penthouse (Mailing address)	
Miami, FL 33131 (City/State/Zip)	
The limited liability company agrees to notify the Department of State change in its mailing address?	in the future of any
(Signature of member of authorized representative of a member)	
(Typed or printed name of signee)	O9 APR - SECRETATALLAHA
	R-9 PM 1: 0 TARY OF STAT

Filing Fee: \$25.00