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JIVISION OF CORPORATIONS

OR OCT -6 PM 2: 42

J. BRYAN

OCT -7 2008

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: American Residential Equities XXXVII,  (Name of Foreign Limited Liability Company)	رر
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)	
American Residential Equities (Firm/Company)	08 OCT -6
AUII Ocean Ave. (Address)	-
City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (\frac{786}{\text{(Area Code & 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 \$\ \times \\$30 Filing Fee & \times \\$55 Filing Fee & \times \\$60 Filing Fee, \\ \text{Certificate of Status} \times \text{Certified Copy} \\ Certified	

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

American Residential Estities XXXVII, CCC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrena authority to transact business in this state.	ders its
This limited liability company revokes the authority of its registered agent to accept serits behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vice on ed on a
848 Brickell Ave. Penthouse (Mailing address)	· .
Miani, FL 33131 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future change in its mailing address?	of any
(Signature of member of authorized representative of a member)	
Tellier Kirsch (Typed or printed name of signee)	
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Filing Fee: \$25.00