Mo400003453

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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EXAMINER

COVER LETTER

TO:		stration S sion of C	Section Corporations						
SUBJE	CT:	Oakm	eade Apartments, L.l						
			(Name of Fore	eign Limited Liabi	lity Co	mpany)			
Dear Si	r or M	ladam:							
The enc	losed	withdray	wal and fee(s) are submitted	d for filing.					
Please r	eturn	all corre	spondence concerning this	matter to the follo	wing:				
Scott (Cros	sfield							
			(Name of Person)						
BSR T	Trus	t, LLC							
		.,	(Firm/Company)				<u> </u>	2	
							CAE	2812 OCT 17	*****
105 T	alla	poosa	St Ste 300				ASS		****
			(Address)				 	7 1	
Monte	gom	ery, Al	_ 36104				1.0% VIS.	宝宝	
			(City/State and Zip Cod	e)			Om 3	(2) (2)	
For furt	her in	formatio	n concerning this matter, p	lease call:					
Scott	Cro	ssfield		at (334)	954-4458			
		(Nar	ne of Person)	(Area Co	ode & D	aytime Telephone Number)			
	Registration SectionRegistraDivision of CorporationsDivisionClifton BuildingP.O. Bo			NG ADDRESS: tion Section of Corporations x 6327 (see, Florida 32314					
Enclose	ed is a	check f	for the following amount:						
☑ \$25 ì	Filing	Fee	■ \$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

(Name of limited liability company)
Alabama
(Jurisdiction of its organization)
M0400003453
(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.
105 Tallapoosa St Ste 300
(Mailing address) Montgomery, AL 36104
(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)
(Signature of member of authorized representative of a member)
Scott Crossfield
(Typed or printed name of signee)

Filing Fee: \$25.00