

#MD4000003723

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

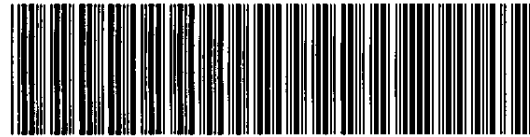
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700212272707

10/04/11--01011--004 \*\*25.00

FILED  
11 OCT -4 PM 3:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

OCT 5 2011



500 WOODWARD AVENUE, SUITE 4000  
DETROIT, MI 48226-3425  
TELEPHONE: (313) 223-3500  
FACSIMILE: (313) 223-3598  
<http://www.dickinsonwright.com>

AMY M. KWIATKOWSKI  
AKwiatkowski@dickinsonwright.com  
(313) 223-3137

September 28, 2011

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Application for Withdrawal of Authority for Athena Realty Advisors, LLC**

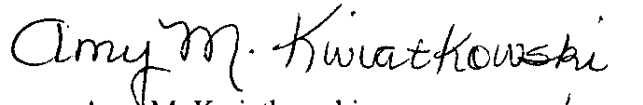
Dear Sir or Madam:

On behalf of Athena Realty Advisors, LLC, I enclose the following for filing with the Florida Department of State:

1. An executed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for Athena Realty Advisors, LLC; and
2. A check in the amount of \$25 made payable to the Florida Department of State in payment of the filing fee for Athena Realty Advisors, LLC.

If you have any questions, please do not hesitate to contact me at 313-223-3137.

Very truly yours,

  
Amy M. Kwiatkowski *leab*

Enclosures

DETROIT 47927-21 1219677v2

C O U N S E L O R S   A T   L A W

DETROIT   NASHVILLE   WASHINGTON, D.C.   TORONTO   PHOENIX   LAS VEGAS  
TROY   ANN ARBOR   LANSING   GRAND RAPIDS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Athena Realty Advisors, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy M. Kwiatkowski  
(Name of Person)

Dickinson Wright PLLC  
(Firm/Company)

500 Woodward Avenue, Suite 4000  
(Address)

Detroit, MI 48226  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy M. Kwiatkowski at 313 223-3137  
(Name of Person) (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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

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

Athena Realty Advisors, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M04000003723

(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.

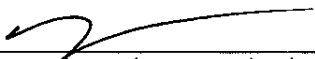
c/o The Athena Group, L.L.C., 712 Fifth Avenue, 8th Floor

(Mailing address)

New York, NY 10019

(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)

Daniel L. Rabinowitz

(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
11 OCT -4 PM 3:02  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA