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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS

JUL 2 8 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: MHC-Lemb GP, L.L.C. (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:
LISA CURRIC (Name of Person)
ELS (Firm/Company)
(Firm/Company)
Two N. RIVERSINE Plaza, Ste. 800
Chi CACN, IL (01)(006) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (312) 279-1670 (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 \$\ \$30 Filing Fee & \$\ \$55 Filing Fee & \$\ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

MHC-Lemb GP, L.L.C.
(Name of limited liability company)
NE M04000604329
(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.
Two N. Riversine Plaza Ste. 400 (Mailing address)
Chicago, IL Le Olo Ulo acten: L. Cuprile
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. MHC-Lemb GP, LLC. (Signature of member or authorized representative of a member)
Ken Krout, Senior UP-legal (Typed or printed name of signee) TALLAHASSEE, FLORITARY OF STALLAHASSEE,

Filing Fee: \$25.00