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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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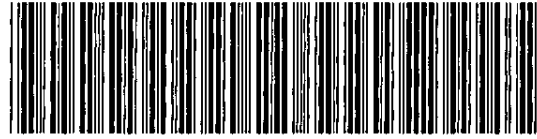
(Business Entity Name)

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NAME: GAINESVILLE ASSOCIATES INTERMEDIATE LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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

Gainesville Associates Intermediate, LLC

(Name of limited liability company)

Delaware

(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.

10 Campus Boulevard

(Mailing address)

Newtown Square, PA 19073

(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)

Anthony J. Cardamone

(Typed or printed name of signee)

Filing Fee: \$25.00

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