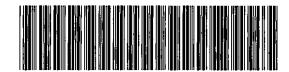
## NO4000005190

(Requestor's Name)
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: USA Cypress Greens 2, LLC	•			
	oreign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submi	tted for filing.			
Please return all correspondence concerning the	nis matter to the followin	og:		
Anita Erhard				
(Name of Person)	,	_		
U.S. Advisor LLC	•			
(Firm/Company)		<del>-</del>		
Five Financial Plaza, Suite, 205				
(Address)		_		
Napa, CA 94558			20 TAS	
(City/State and Zip Co	ode)	_	DT DE	anga
For further information concerning this matter,	, please call:		2007 DEC - 7 AM II: 0 SECRETARY OF STATE TALLAHASSEE.FLORE	Trans.
ANITA ERHARD	at ( 707	253-9953	AHI F.F.	L.
(Name of Person)		Le Daytime Telephone Number	H: O	76.w.
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314	Ā	
Enclosed is a check for the following amoun  \$\mathbb{X}\$\$ \$25\$ Filing Fee \$\text{Certificate of Status}\$	t:\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	દ	

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

USA Cypress Greens 2, 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.
Five Financial Plaza Suite 205
(Mailing address)
Napa, CA 94558
(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)  Anita Erhard

Filing Fee: \$25.00

(Typed or printed name of signee)