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(Requestor's Name)			
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(During Fakka Nama)			
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SECRETARY OF STATE
SECRETARY SEE. FLORID

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: USA Cypress Greens 17, LLC				
(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitt	ed for filing.			
Please return all correspondence concerning this	s matter to the followir	ng:		
Anita Erhard		_		
(Name of Person)				
U.S. Advisor LLC				
(Firm/Company)		_		
Five Financial Plaza, Suite, 205				
(Address)		_	ZOO.	
Napa, CA 94558			LAHI	ALC: NO.
(City/State and Zip Co	de)	-	C-7 TARY	1
For further information concerning this matter,	please call:		2007 DEC -7 AMII: 15 SECRETARY OF STATE TALLAHASSEE. FLORIDI	
ANITA ERHARD	at (707	253-9953	REDATE -5	
(Name of Person)		& Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enclosed is a check for the following amount	t :			
\$25 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

USA Cypress Greens 17, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Flor authority to transact business in this state.	ida and surrenders its
This limited liability company revokes the authority of its registered ager its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact business.	nt to accept service on of process based on a ss 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 change in its mailing address. (Signature of member or authorized representative of a member) Anita Erhard (Typed or printed name of signee)	in the future of any SECRETARY OF STATE STATE OF

Filing Fee: \$25.00