MN400005281

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Oity/State/2/p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER

COVER LETTER

, 16. m.

	egistration Section ivision of Corporations			
SUBJECT	: Lakewood Ranch TIC 15, LLC (Name of Foreign		ty Company)	
Dear Sir or	Madam:			
The enclose	ed withdrawal and fee(s) are submitted for	r filing.		
Please retur	rn all correspondence concerning this mat	ter to the follow	ring:	
Nancy T	umbry			
	(Name of Person)	_		
Kodiak (Capital Partners, LLC			
	(Firm/Company)			300
5005 LB	3J Freeway, Suite 950			
	(Address)			ARY E
Dallas,	Texas 75244			. Ps
	(City/State and Zip Code)			E A S
For further	information concerning this matter, please	e call:		Ä
Nancy T		_ _{at (} 214	₎ 560-0837	
	(Name of Person)	(Area Code	e & Daytime Telephone Number)	
ST	TREET/COURIER ADDRESS:	MA	AILING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 & 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

Lakewood Ranch TIC 15, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M04000005281
(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 the 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.
5005 LBJ Freeway, Suite 950
(Mailing address)
Dallas, Texas 75244
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Donna Clair Turn
Signature of member or authorized representative of a member)
Donna Claire Turner
Typed or printed name of signee)

Filing Fee: \$25.00