

M040WU5470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

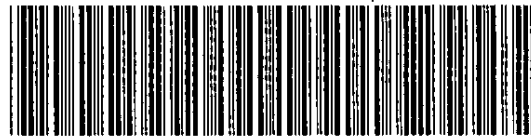
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500183266165

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AUG - 4 PM 1: 46
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR
AUG - 4 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG - 4 PM 3: 50

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 467496 4305026

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -4 PM 3:50

ORDER DATE : August 3, 2010

ORDER TIME : 11:27 AM

ORDER NO. : 467496-175

CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: LTA MANAGEMENT SERVICES OF
FLORIDA, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER: _____

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

FILED STATE
SECRETARY OF CORPORATIONS
10 AUG -4 PM 3:30

LTA Management Services of Florida, 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.

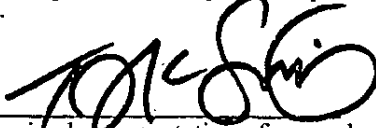
400 Centre Street

(Mailing address)

Newton, MA 02458

(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)

Travis K. Smith. Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00