## 10500000000990

·
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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T. CLINE

MAY 14 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division o	on Section f Corporations			
SUBJECT: FIT C	ypress Homes, LLC			
	(Name of Fe	oreign Limited Liability	Company)	
Dear Sir or Madam				
The enclosed withd	rawal and fee(s) are submit	ted for filing.		
Please return all cor	respondence concerning th	is matter to the following	ıg:	
Susan Jeffrey			_	
	(Name of Person)			
FIT Cypress Homes	s, LLC			2008 K
	(Firm/Company)			2008 MAY 13 AH 11: 13 SECRETARY OF STATE TALLAHASSEE, FLORID
330 North Wabash,	Suite 1400			SE C. A.
	(Address)	<del>-</del> .	_	FLO STI
Chicago, IL 60611				REP. 13
	(City/State and Zip Co	de)	_	***
For further informat	ion concerning this matter,	please call:		
Susan Jeffrey		at ( 312	977-3742	
(N	ame of Person)	(Area Code &	è Daytime Telephone Number)	
Registratio Division of Clifton Bui 2661 Exect	Corporations	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

FIT Cypress Homes, LLC	M 0200000390
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
This limited liability compa authority to transact business	ny is no longer transacting business in Florida and surrenders its in this state.
This limited liability comparits behalf and appoints the leause of action arising during	y revokes the authority of its registered agent to accept service on Department of State as its agent for service of process based on a the time it was authorized to transact business in Florida.
330 North Wabash, S	(Mailing address)
Chicago, IL 60611	
	(City/State/Zip)
S 10/4	orized representative of a member)
John P. Rijos, Manager	nee)
(Typed or printed name of sig	nee) SA

Filing Fee: \$25.00