

MDS00000291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

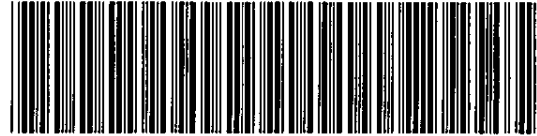
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 14 2008

EXAMINER



B R O O K D A L E
SENIOR LIVING

Susan Jeffrey
Paralegal/Regulatory Affairs Specialist
Direct Dial: (312) 977-3742
sjeffrey@brookdaleliving.com

May 5, 2008

VIA FEDERAL EXPRESS

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

RE: FIT Cypress Homes, LLC
FL Document #M05000000290

FIT Cypress Village, LLC
FL Document #M05000000291

To Whom It May Concern:

Enclosed please find Applications by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for the above entities, as well as the required processing fees.

Please process these applications and return a file stamped original and a Certificate of Status to my attention.

If additional information is needed or there are any questions regarding these withdrawals, please do not hesitate to contact me at 312/977-3742.

Respectfully submitted,

Susan Jeffrey
Paralegal/Regulatory Affairs Specialist

Enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIT Cypress Village, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Jeffrey
(Name of Person)

FIT Cypress Village, LLC
(Firm/Company)

330 North Wabash, Suite 1400
(Address)

Chicago, IL 60611
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Susan Jeffrey at (312) 977-3742
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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**

FIT Cypress Village, LLC

M 05000000291
(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.

330 North Wabash, Suite 1400

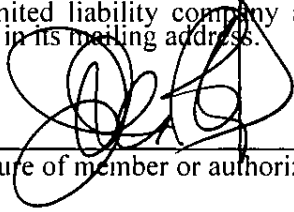
(Mailing address)

Chicago, IL 60611

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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)

John P. Rijos, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00