

M05UUUUU0540

(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



500186119345

RECEIVED

10 OCT - 7 PM 1:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
OCT - 8 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT - 7 PM 4:55



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 534705 5168766
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
DIVISION OF CORPORATIONS
10 OCT - 7 PM 4:55

ORDER DATE : October 7, 2010

ORDER TIME : 12:52 PM

ORDER NO. : 534705-040

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: 18400 TOLEDO BLADE, L.L.C.

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Carina L. Dunlap - EXT# 2951

EXAMINER: _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT - 7 PM 4:55

18400 Toledo Blade, L.L.C.

(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.

4042 Park Oaks Blvd., Suite 300

(Mailing address)

Tampa, FL 33610

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

By: NH Florida Realty, L.L.C., Managing Member

By: Lisa Schwartz
(Signature of member or authorized representative of a member)

Lisa Schwartz, Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00