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SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE. FLORIO

J. BRYAN

APR 1 0 2009

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: American	(Name of Foreign Limited Liabili	y Company)	<u>,, L</u>	ـد	
Dear Sir or Madam:					
The enclosed withdrawal and fee(s) are submitted for filing.				
Please return all correspondence co	oncerning this matter to the follow	ing:			
Lisette Smyt	f Person)		SECRET TALLAH,	09 APR	energy P
American Resi	dential Equit	<u>;</u> 62	SECRETARY OF STATE TALLAHASSEE, FLORIDA	-9 PH 1:	FIT
2411 Ocean (Address	<u></u> Δνεηνε		ATE RIDA	80	
Venice C.	tte and Zip Code)				
For further information concerning	this matter, please call:				
Cisette Smy (Name of Person)	at (786)	866-4973 e & Daytime Telephone Number)		
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Re _i Div P.C ircle Tal	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Enclosed is a check for the follow	ving amount:				
\$25 Filing Fee \$30 Filing Certification	ng Fee & \$55 Filing Fee ate of Status Certified Copy	&\$60 Filing Fee, Certificate of Status &	&		

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

(Name of limited list plity company)
Delaware (Jurisdiction of its organization)
(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.
848 Brickell Ave., Penthouse (Mailing address)
Miami, FL 33131 (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 of authorized representative of a member)
(Typed or printed name of signee) SECRETARY OF STATE FLORICE FLORICE TO APR - 9 PH 1: 0.

Filing Fee: \$25.00