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SECRE IARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 3 0 2013

T. BROWN

MIAMI SAXONY RESIDENTIAL, LLC 1980 POST OAK BOULEVARD, SUITE 1600 HOUSTON, TEXAS 77056

VIA FEDERAL EXPRESS

October 25, 2013

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

Re: Withdrawal of Authority for Miami Saxony Residential, LLC

Dear Sir or Madam:

Enclosed please find the Application by Miami Saxony Residential, LLC for Withdrawal of Authority to Transact Business in Florida, and a check in the amount of \$25.00 payable to the Florida Department of State for the filing fee.

We request that the withdrawal be effective on October 31, 2013.

Please return all correspondence concerning this matter to the following:

L.E. Pfile, Jr. Miami Saxony Residential, LLC 1980 Post Oak Blvd., Suite 1600 Houston, TX 77056

For further information concerning this matter, please call the undersigned at (713) 212-2229; or contact me via facsimile at (713) 840-2705; or at lep@crimsoncorp.com.

Thank you.

Sincerely,

L.E. Pfile, Jr.

Treasurer

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

Miami Saxony Residential, LLC	13 (14)
(Name of limited liability company)	The state of
Delaware	28 P
(Jurisdiction of its organization)	77.3
M0500001709	05/E
(Florida Document Number)	<u> </u>
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to accept behalf and appoints the Department of State as its agent for service of process based action arising during the time it was authorized to transact business in Florida.	ot service on its used on a cause
1980 Post Oak Boulevard, Suite 1600	
- (Mailing address)	
Houston, Texas 77056	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future in its mailing address. Signature of member of authorized representative of a member) L. E. Pfile, Jr. (Typed or printed name of signee)	of any change

Filing Fee: \$25.00