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D. BRUCE

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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: FLAMINGO MIAMI, LLC				
(Name of Fo	oreign Limited Liability Company)			
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submit	ted for filing.			
Please return all correspondence concerning th	is matter to the following:			
M. McCHESNEY				
(Name of Person)				
FLAMINGO MIAMI, LLC		TA:	08	
(Firm/Company)		CRET	8 №	
4582 S. ULSTER ST. PKWY #1100		ASSEE ASSEE	V -3	FILED
(Address)		E S	2	
DENVER, CO 80237		TATI ORID	AN 10: 31	
(City/State and Zip Co	ode)	>= 1 · 1	36	
For further information concerning this matter,	please call:			
M. McCHESNEY	at (303) 691-4354			
(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 amoun	t:			
\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy			

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

FLAMINGO MIAMI, LLC
(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.
C/O LEGAL DEPT. 4582 S. ULSTER ST. PKWY #1100 (Mailing address)
DENVER, CO 80237
(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 or authorized representative of a member) M. McCHESNEY
(Typed or printed name of signee)

Filing Fee: \$25.00