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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
JUN 3 0 2009

EXAMINER

11105-2141

2009 JUN 29 PM 12: 21

COVER LETTER

TO;	Registration Section Division of Corporations				
SUBJI					
	(Name of Fo	reign Limited Liability (Company)		
Dear S	ir or Madam:				
The en	closed withdrawal and fee(s) are submitt	ed for filing.			
Please	return all correspondence concerning thi	s matter to the following	g:		
NATA	LIE A. WEBB				
	(Name of Person)				
TARR	AGON CORPORATION			SECH	C007
	(Firm/Company)			AHAS	7
3100 !	MONTICELLO AVE., STE. 200			RY OF	
	(Address)			ETA FIOF	į
DALL	AS, TX 75205			AD A	
	(City/State and Zip Co	de)			
For fu	rther information concerning this matter,	please call:			
NATA	ALIE WEBB	at (214	599-2200		
	(Name of Person)		Daytime Telephone Number)		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327		
F1-	2661 Executive Center Circle Tallahassee, Florida 32301	Tallah	nassee, Florida 32314		
	sed is a check for the following amount		—		
 X]\$25	Filing Fee \$\square\$\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		

TO:

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

CORDOBA MANAGER, 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.
3100 MONTICELLO AVE., STE 200
(Mailing address)
DALLAS, TX 75205 (City/State/Zip) (City/State/Zip) (City/State/Zip)
had and
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)
KATHRYN MANSFIELD, AUTHORIZED REPRESENTATIVE

Filing Fee: \$25.00

(Typed or printed name of signee)