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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cì	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL.
· (Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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OIVISION OF CORPORALISMS

T. HAMPTON

MAY - 4 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	ECT: 2480 Tamiami Tr., LLC		
	(Name of Foreign L	imited Liability C	Company)
Dear Si	ir or Madam:		•
The end	closed withdrawal and fee(s) are submitted for f	iling.	
Please r	return all correspondence concerning this matter	to the following:	:
Chris	stopher C. Maeso (Name of Person)		
	(
Dickinson Wright PLLC			
	(Firm/Company)		
3852	25 Woodward Avenue, Suite 20	00	
	(Addiess)		
Bloomfield Hills, Michigan 48304			
	(City/State and Zip Code)		
For furt	ther information concerning this matter, please of	call;	
Chris	stopher C. Maeso	at (248)	433-7501
	(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		ration Section on of Corporations ox 6327
Enclose	ed is a check for the following amount:		
Ø \$25 1		55 Filing Fee & ertified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

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

2480 Tamiami Tr., 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.
Seligman and Associates, One Towne Square, Suite 1913 (Mailing address)
Southfield, MI 48076 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
/2'/
(Signature of member or authorized representative of a member)
SOTT J. SELIGHAN
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS