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J. BRYAN

APR 1 0 2009

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: American Resi (Name of For	dential Equities XLV reign Limited Liability Company)	<u>, L</u> LC
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this	s matter to the following:	
Lisette Smyth (Name of Person)		09 AF SECR
American Residenti (Firm/Company)	al Equities	09 APR -9 PH 1:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2411 Ocean Aver	م حو	ORIDA JATE 80:1
Venice CA 9 (City/State and Zip Coo	de) // // // // // // // // // // // // //	
For further information concerning this matter,	please call:	
Cisette Smyth (Name of Person)	at (786) 866-4973 (Area Code & Daytime Telephone Number)	<u>}</u>
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 amount	t:	
\$25 Filing Fee \$25 Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status &	દ

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

American Residential Esvities XLV, LLC (Name of limited liabilly company)		
(Name of limited liabil (Name)		
Delaware		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surreauthority to transact business in this state.		
This limited liability company revokes the authority of its registered agent to accept so its behalf and appoints the Department of State as its agent for service of process bacause of action arising during the time it was authorized to transact business in Florida.	ervice on used on a	
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 futur change in its mailing address. (Signature of member or authorized representative of a member)	e of any	
Total Kirsch (Typed or printed name of signee) ARASSEE FLORE	09 APR -9 PM 1: 08	

Filing Fee: \$25.00