

# M05000003114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

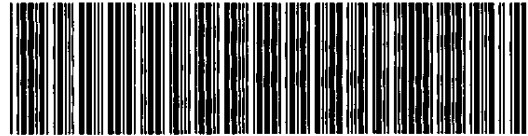
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE  
NOV - 1 2010  
EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 29 PM 12:09

FILED



October 26, 2010

Registration Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Dissolution Document Filings

Dear Sir or Madam:

Enclosed are the following dissolution documents with checks attached to each for the filing fee:

Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact  
Business in Florida:

Crosland Old Pasco, LLC  
Crosland Northpoint Village, LLC

Articles of Dissolution for a Limited Liability Company:

SR52 Old Pasco, LLC  
Northpoint Village, LLC

Please process the above listed documents and return file stamped copies to my attention at the  
below address:

Crosland, LLC  
Attn: Katie Hardman  
227 West Trade Street, Suite 800  
Charlotte, NC 28202

FILED  
2010 OCT 29 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Thank you for your attention to this matter. If you have questions or need additional information,  
please contact me at 704-561-5263.

Sincerely,

Katie Hardman  
Vice President--Tax

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crosland Old Pasco, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Hardman

(Name of Person)

Crosland, LLC

(Firm/Company)

227 West Trade Street, Suite 800

(Address)

Charlotte, NC 28202

(City/State and Zip Code)

For further information concerning this matter, please call:

Katie Hardman

(Name of Person)

at ( 704 ) 561-5263

(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 amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
ZIM OCT 29 PM 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Crosland Old Pasco, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

M05000003114

(Florida Document Number)

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.

227 West Trade Street, Suite 800

(Mailing address)

Charlotte, NC 28202

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

By: Crosland Manager, LLC, its Manager

Cathleen Hardman

(Signature of member or authorized representative of a member)

Cathleen N. Hardman, Vice President

(Typed or printed name of signee)

FILED  
2010 OCT 29 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**