

M05000003611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

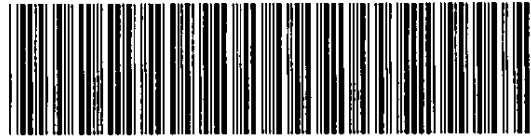
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800158332238

RECEIVED

09 JUL 13 PM 1:42

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUL 13 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 13 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 064273 7441835

AUTHORIZATION :

COST LIMIT : 25.00

*[Signature]*

ORDER DATE : July 13, 2009

ORDER TIME : 12:30 PM

ORDER NO. : 064273-055

CUSTOMER NO: 7441835

FILED  
09 JUL 13 PM 2:45  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: SANDY LANE HOTEL LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Carina L. Dunlap - EXT# 2951

EXAMINER: \_\_\_\_\_

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

**Sandy Lane Hotel 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.

404 Fifth Avenue, 4<sup>th</sup> Floor

---

(Mailing address)  
New York, NY 10018

---

(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)  
Juda Chetrit, Managing Member

---

(Typed or printed name of signee)

FILED  
09 JUL 13 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**