## M0500001285

| (Re                                     | questor's Name)   |           |  |  |
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| . PICK-UP                               | ☐ WAIT            | MAIL      |  |  |
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**EXAMINER** 



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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

## **COVER LETTER**

| Régistration<br>Division of C   |   |   |   |
|---|---|---|---|
| SURJECT: CCIP.  | /3 Sandpiper, LLC                         |   |   |
| 50B0H01.  |   | eign Limited Liability C                      | ompany)   |
|   |   |   |   |
| Dear Sir or Madam:  |   |   |   |
| The enclosed withdra  | wal and fee(s) are submitted              | d for filing.                                 |   |
| Please return all corre   | espondence concerning this                | matter to the following:                      |   |
| Lucinda M. Ehrh   | ard                                       |   |   |
|   | (Name of Person)                          |   |   |
| Apartment Inves   | stment and Manager                        | nent Company                                  |   |
|   | (Firm/Company)                            |   |   |
| 4E92 C Lilotor C  | et Dlavar Suita 1100                      |   |   |
| 4562 5 UISIEI 5   | St Pkwy, Suite 1100 (Address)             |   |   |
|   | (,  |   |   |
| Denver, CO 80   | 237                                       |   |   |
|   | (City/State and Zip Code                  | e)  |   |
| For further information   | on concerning this matter, p              | lease call:                                   |   |
| Lucinda M. Ehr  | hard                                      | at (303                                       | 691-4382  |
| (Na   | me of Person)                             |   | 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 |   | ation Section<br>n of Corporations<br>ox 6327 |   |
| Enclosed is a check   | for the following amount:                 |   |   |
| ☑ \$25 Filing Fee   | ■ \$30 Filing Fee & Certificate of Status | ☐ \$55 Filing Fee &<br>Certified Copy         | ■ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

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

| CCIP/3 Sandpiper, LLC   |   |
|---|---|
| (Name of limited liability company)   |   |
| Delaware  |   |
| (Jurisdiction of its organization)  |   |
| M05000004285  |   |
| (Florida Document Number)   |   |
| This limited liability company is no longer transacting business in Florida and authority to transact business in this state.   | surrenders its  |
| This limited liability company revokes the authority of its registered agent to accits behalf and appoints the Department of State as its agent for service of proceduse of action arising during the time it was authorized to transact business in Flori  | cept service on<br>ess based on a<br>rida.                    |
| c/o AIMCO Legal Dept, 4582 S Ulster St Pkwy, Suite 1100 (Mailing address)  Denver, CO 80237   | <u>)                                    </u>                  |
| (City/State/Zip)  | <del></del>   |
| The limited liability company agrees to notify the Department of State in the change in its mailing address.  (Signature of member or authorized representative of a member) Consolidated Capital Institutional Properties/3, LP, member By: ConCap Equities, Inc., its general partner By: Lucinda M. Ehrhard, Assistant Secretary (Typed or printed name of signee) | future of any  10 DEC - 7 PN:  SECRETARY OF:  TALLAHASSEE, FL |

Filing Fee: \$25.00