

MD5000004320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

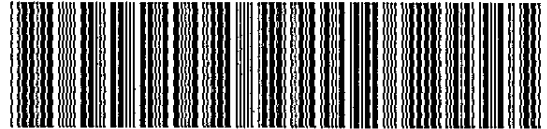
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 29 AM 10:20

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AND
FILED



ASSET PRESERVATION, INC.

TRANSMITTAL SHEET

TO: **Florida Dept of State**

FROM: **Rachel Saephanh**

COMPANY:

DATE:
December 28, 2005

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE TAKE ACTION

NOTES/COMMENTS:

Attached please find an Application for Foreign LLC Withdrawal of Authority to Transact Business and a check for:

**API Properties 368 LLC
API Properties 369 LLC**

Please file the enclosed document and return our copies in the envelope provided.

If you should have any questions, please contact us at 916-791-5991, ext. 318.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

API Properties 368 LLC

(Name of limited liability company)

Nevada

(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.

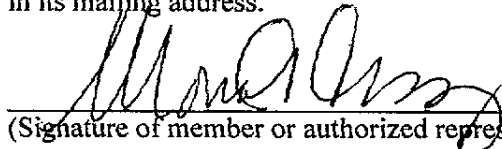
4160 Douglas Blvd.

(Mailing address)

Granite Bay, CA 95746

(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)

Monika S. Thompson, Vice President

(Typed or printed name of signee)

API Properties Nevada, Inc.
a Nevada corporation
(sole member)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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Filing Fee: \$25.00

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AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 DEC 29 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000005318			
1. Limited Liability Company's Name LIGHTHOUSE POINT TOWER LLC			
2. Principal Office Address 1802 N. UNIVERSITY DR. Suite, Apt. #, etc. #226 City & State PLANTATION Zip 33322 Country U.S.		3. Mailing Office Address #226 1802 N. UNIVERSITY DR. Suite, Apt. #, etc. City & State PLANTATION Zip 33322 Country U.S.	

REINSTATEMENT 03-05

4. State/Country of Formation FLORIDA U.S.	
5. Date Organized or Qualified To Do Business in Florida 04-03-01	
6. FEI Number 65-1095326	Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent	
Name SANTA KEZELIK TRUSTEE (T)	
Street Address (P.O. Box Number is Not Acceptable) 1802 NORTH UNIVERSITY DRIVE	
Suite, Apt. #, Etc. #226	
City PLANTATION	State FL Zip Code 33322

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent X Santa Kezeli		Date 28 Dec 2005	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
T	SANTA KEZELIK	1802 N. UNIVERSITY DR	PLANTATION FL 33322
G.M	SANTA KEZELIK	1802 N. UNIVERSITY DR	PLANTATION FL 33322
			000062473320 12/28/05--01039--028 **255.00 11/3
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager Santa Kezeli		Date 28 Dec 2005 Daytime Phone # 518-4669972	
Typed or printed name of signing Managing Member/Manager			