## M0500004390

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
. · (Do	ocument Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

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ø TO: 4,3

	stration Sec sion of Corp						
SUBJECT:	Royal Pa	alace Owner L.L.C. (Name of Fore	eign Limited Lia	ability Co	ompany)	<del></del>	
Dear Sir or M	ladam:						
The enclosed	withdrawal	and fee(s) are submitted	d for filing				
		ndence concerning this		llowing:			
ANNE MA	RAJ	(None of Bosses)					
		(Name of Person)					
WHM LL	<u>C</u>						
		(Firm/Company)				JAT 3E	2
501 EAS	T CAMIN					CRETAI	- NOC 510
		(Address)				RY O SEE.	ထ
BOCA R	ATON, F	L 33432				F STATE	υ –
		(City/State and Zip Cod	e)			22 22 20 10 10 10 10 10 10 10 10 10 10 10 10 10	F. 03
For further in	formation c	oncerning this matter, p	lease call:			Þ	-
ANNE MA	ARAJ		at (561	)	447-5318		
	(Name o	of Person)		Code & I	Daytime Telephone Nur	nber)	
Regi Divi Clift 2661	istration Sec sion of Corp on Building	oorations Center Circle		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314		
Enclosed is a	check for	the following amount:					
2 \$25 Filing	Fee 🗖	\$30 Filing Fee & Certificate of Status	S55 Filing I Certified Co		\$60 Filing Fee, Certificate of Sta Certified Copy	tus &	

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

Hoyal Palace Owner L.L.C.
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
M05000004390
(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.
501 EAST CAMINO REAL
(Mailing address)
BOCA RATON, FL 33432
(City/State/Zip)  Ase CARE TO AN
The limited liability company agrees to notify the Department of State in the fiture, of any change in its mailing address.
F STATE OF THE STA
(Signature of member or authorized representative of a member)
ANTHONY BEOVICH
(Typed or printed name of signee)

Filing Fee: \$25.00