

170500004525

(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



100128279441

05/02/08 01043-011 \*\*25.00

08 MAY -2 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. BRUCE

MAY 05 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Forman Properties 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:

Joel L Forman  
(Name of Person)

Forman Properties LLC  
(Firm/Company)

343 Wheatsheaf Drive  
(Address)

New Castle, DE 19720  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel L Forman at (732) 299-0949  
(Name of Person) (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  
08 MAY -2 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Forman Properties 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.

343 Wheatleaf Drive

(Mailing address)

New Castle DE 19720

(City/State/Zip)

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

Joel R Forman

(Signature of member or authorized representative of a member)

Joel R Forman

(Typed or printed name of signee)

**FILED**  
08 MAY -2 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**