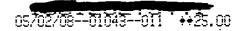
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D. BRUCE
MAY 0 5 2008
EXAMINER

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:
Joels Forman (Name of Person)
Forman Properties LLC (Firm/Company)
343 Wheatsheaf Deive ELECT ARE TO THE STATE OF THE STATE
New Castle DE 19720 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Toe UFFORMON at (132) 299-0949 (Name of Person) at (132) (Area Code & Daytime Telephone Number)
(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 & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

(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 Wheatsheaf 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.
Hall Gorman Fig. 8
(Signature of member or authorized representative of a member)
Joel L Forman
(Typed or printed name of signee)
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Filing Fee: \$25.00