

M05000004933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

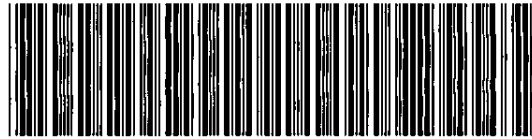
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500108426695

FILED
07 NOV 27 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
07 NOV 27 AM 8:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK 11/27



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 331560 4348715

AUTHORIZATION :

COST LIMIT : \$ 25.00

07 NOV 27 AM 10:27
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten Signature]

ORDER DATE : November 26, 2007

ORDER TIME : 5:30 PM

ORDER NO. : 331560-025

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME: LONGWOOD BUSINESS ASSOCIATES
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Jeanine Reynolds - EXT# 2933

EXAMINER: _____

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

Longwood Business Associates 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.

825 Third Avenue, 36th Floor

(Mailing address)

New York, New York 10022

(City/State/Zip)

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

Wayne M. Lopkin
(Signature of member or authorized representative of a member)

Wayne M. Lopkin

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
07 NOV 27 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA