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FALLAHASSEF, FI ORIDA

D. BRUCE
FEB. 5 2010
EXAMINER

## COVER LETTER

PO: Registration Section Division of Corporations
SUBJECT: G4F TNVestment Properties, LLC MO 500000 5416 (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:
GARY J GARVIN (Name of Person)
PARTNER (Firm/Company)
735 Woodmere Ave  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)
TRA Verse City Mi 49686 (City/State and Zip Code)
For further information concerning this matter, please call:
GARY J GARVIN at (23/) 620-5/// (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 \$\ \text{Certificate of Status} \text{S55 Filing Fee & Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}

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

G+F Investment Properties, LLC (Name of limited liability company)
(Name of limited liability company)
TRAVERS City Michigan 49686  (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.
735 Woodmere AVE (Mailing address)
TRAVerse City Mi 49686 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Sam / Jan
(Signature of member or authorized representative of a member)
GARYN GARVIN
(Typed or printed name of signee)

Filing Fee: \$25.00