M0500005600

(Requestor's Name)
/A J>
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) M05-5660 (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
DEC 28 2007
EXAMINER

Office Use Only



700112683267

12/03/07--01006--009 **35.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2007

TIMOTHY SWICK 15221 E WATER FORD DR. DAVIE, FL 33331-3266

SUBJECT: TWO KEYS AT KEYSTONE, LLC

Ref. Number: M05000005600

We have received your document for TWO KEYS AT KEYSTONE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 407A00068673

December 18, 2007

FLORIDA DEPARTMENT OF STATE

Enclosed are the appropriate forms to dissolve our LLC and a copy of the letter informing me of my prior correspondence. I hope this will take care of our request. I sent a check for \$35 with the other package. The new forms indicate that the fee is \$25. Fam requesting a refund be sent to me for the difference. Please make it payable to me, Timothy Swick.

Thank you for your assistance with this matter.

Dissolution of LLC, Two Keys at Keystone.

Sincerely,

Manager, Two Keys at Keystone

COVER LETTER

6 - 1 150

TO: Registration Section Division of Corporations	
SUBJECT: Two Kers of Kerstowe UC (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:	
Name of Person)	
(Firm/Company)	
15221 E WATERFORD DR ARE B	-
DAVIR FL 33331 (City/State and Zip Code) ASRRY CONTROL CONTROL	
For further information concerning this matter, please call:	J
(Name of Person) at (954) 680-8076 (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 \$\sum \text{\$\sum \\$30 Filing Fee & \sum \\$55 Filing Fee & \sum \\$60 Filing Fee, \\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}	
Las Hochina Crecia	
Sor \$35	

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

(Name of limited liability company)
(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.
15221 & WATER FORD DR (Mailing address)
Davie (City/State/Zip) Jacob State Sip
The limited liability company agrees to notify the Department of State of any change in its mailing address. (Signature of member or authorized representative of a member)
(Typed or printed name of signee)

Filing Fee: \$25.00