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SECRETARY OF STATE

COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT: Jeta Grov	/e, LLC		
	(Name of For	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdrawal	and fee(s) are submitte	ed for filing.	
Please return all correspon	dence concerning this	matter to the following	;;
Gina Bradley, Gene	ral Counsel		
	(Name of Person)		
The Colony Group,	LLC		
	(Firm/Company)		
Two Atlantic Avenu			
	(Address)		
Boston, MA 02110			
	(City/State and Zip Cod	e)	
For further information con	ncerning this matter, p	lease call:	
Gina Bradley		at (617	723-8200
(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	
	e following amount: 30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

Jeta Grove, LLC (Name of limited liability company)			
(Name of finited hability company)			
Delaware			
(Jurisdiction of its organization)			
M05000005965			
(Florida Document Number)			
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrende	ers its	
This limited liability company revokes the authority of its registered agent to accessits behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Flori	pt servi s based ida.	ce on on a	
c/o The Colony Group, Two Atlantic Avenue (Mailing address)	_		
Boston, MA 02110 (City/State/Zip)	_		
The limited liability company agrees to notify the Department of State in the change in its mailing address. (Signature of member or authorized representative of a member)	future o	f any	
(Signature of member of authorized representative of a member)			
Michael J. Mathanson, Anthorned Rep. (Typed or printed name of signee)	SECRETARY OF	11 MAR 21 PM	
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Filing Fee: \$25.00