

MO 5000006 141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

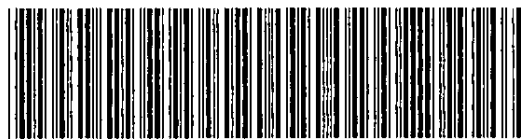
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100181459521

RECEIVED

10 JUN - 8 AM 10:39

RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

B. KOHR

JUN - 8 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN - 8 PM 3:52



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 408096 4803460

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -8 PM 3:32

ORDER DATE : June 7, 2010

ORDER TIME : 4:31 PM

ORDER NO. : 408096-015

CUSTOMER NO: 4803460

FOREIGN FILINGS

NAME: ALC BOCA, LLC

File 2ND

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER: _____

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

ALC BOCA, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

FILED STATE
SECRETARY OF CORPORATIONS
10 JUN -8 PM 3:52

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.

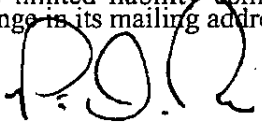
c/o American List Counsel, Inc. 4300 US Highway 1, CN-5219

(Mailing address)

Princeton New Jersey 08543

(City/State/Zip)

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


(Signature of member or authorized representative of a member)

Peter De Rosa

(Typed or printed name of signee)

Filing Fee: \$25.00