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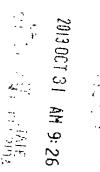
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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J. SAULSBERRY EXAMINER

NOV 1 2013

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	Crosland Poin	ciana, UC			
	(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	ed for filing.			
Please return all corr	respondence concerning this	s matter to the following	;;		
Ca	thleen Hardman (Name of Person)	1	-		
((Firm/Company)		-		
5940 1	Fairview Rd, S, (Address)	lite 200		ent Same and men Sag men Sag m	2013 01 1 31 1 1 2 2
Chi	City/State and Zip Coo	de)	-		1 ان
For further informati	on concerning this matter, p	please call:		0.1215	, (
Cathlee	n Hardman ame of Person)	at (70 4 (Area Code &) Sb1-5263 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	□ \$30 Filing Fee & Certificate of Status	S55 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

Crosland Poinciana LLC (Name of limited liability company)	
(Name of limited liability company)	
North (arolina (Jurisdiction of its organization)	
M05000006537	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florid authority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agent to behalf and appoints the Department of State as its agent for service of proof of action arising during the time it was authorized to transact business in Flo	o accept service on its cess based on a cause orida.
Squo Fairview Rd. Svite 200 (Mailing address)	
(Mailing address)	
Charlotte, NC 28210 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the in its mailing address.	e future of any change
Catter House	000 70
(Signature of member or authorized representative of a member)	
Cathleen Hardman	## 9: 2
(Typed or printed name of signee)	25 N

Filing Fee: \$25.00