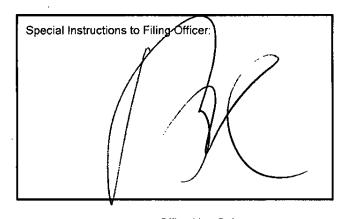
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| (Requestor's Name) | | |
|--------------------|------------------------|------|
| (Address) | | |
| · (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone # |) |
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| (Bi | usiness Entity Name |) |
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ACCOUNT NO. : 072100000032

REFERENCE : 320882 7604

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 15, 2007

ORDER TIME : 5:01 PM

ORDER NO. : 320882-075

CUSTOMER NO: 7604215

FOREIGN FILINGS

NAME: COMMODORES FL, LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER:

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

" the of the same

| Commodores FL. LLC |
|---|
| (Name of limited liability company) |
| Aq 😎 |
| Delaware |
| (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. |
| 303 Peachtree St., 24th FL - MC GA-ATL-3951 (Mailing address) |
| (Iviating address) |
| |
| Atlanta, GA 30308 |
| (City/State/Zip) |
| (City/blatc/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) |
| |
| R. Todd Shutlev |
| (Typed or printed name of signee) |

Filing Fee: \$25.00