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SECRETARY OF STATE
FALLAHASSEE. FI ORIDA

D. BRUCE

APR 3 0 2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of	f Corporations						
SUBJECT: JSW	Parcel 7, LLC						
	(Name of Fo	reign Limi	ted Liability	(Company)			
Dear Sir or Madam:							
The enclosed withday	rawal and fee(s) are submitt	ed for filing	g.				
Please return all cor	respondence concerning thi	s matter to	the following	ng:			
Joy Chiles							
	(Name of Person)			_			
Jackson-Shaw	Company						
	(Firm/Company)			_			
4890 Alpha R	oad, Suite 100						
	(Address)			_	ALI	9	
Dallas, TX 75	244				CRET AHA	APR 29	শ
	(City/State and Zip Co	de)		_	ARY	29	
For further informat	ion concerning this matter,	please call:			OF ST	AH II: I	TEMO
Joy Chiles		at (972	, 628-7458	ATE RID,	=	
(N	ame of Person)	/-		& Daytime Telephone Number)			
Registration Division of Clifton Bui 2661 Exect	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		iling Fee & ed Copy	\$60 Filing Fee, Certificate of Status &			

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

JSW Parcel 7, LLC
(Name of limited liability company)
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.
4890 Alpha Road, Suite 100 (Mailing address)
Dallas, TX 75244 (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)
Michele Wheeler (Typed or printed name of signee)

Filing Fee: \$25.00