

MA6000006/001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

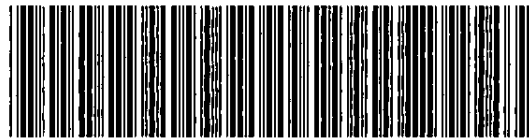
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W10-000008037

Office Use Only



400168729014

400168729014
02/16/10--01018--015 **55.00

D. BRUCE

MAR 01 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2010

LINDA P. KONOWITZ
55 BELOIT AVENUE
DOVER, DE 19901

SUBJECT: CAMPUS LODGE APARTMENTS TIC 3, LLC
Ref. Number: W10000008037

We have received your document for CAMPUS LODGE APARTMENTS TIC 3, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 410A00003935

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campus Lodge Apartments TIC 3, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA P. KENOWITZ
(Name of Person)

Campus Lodge Apartments TIC 3, LLC
(Firm/Company)

55 BELoit Avenue
(Address)

Dover DE 19901
(City/State and Zip Code)

For further information concerning this matter, please call:

Herbert Kenowitz as (302) 697-3838
(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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$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**

Campus Lodge Apartments TIC 3, LLC
(Name of limited liability company)

(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.

55 Belmont Avenue
(Mailing address)

Dover De 19901
(City/State/Zip)

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

Linda P. Korowitz
(Signature of member or authorized representative of a member)

LINDA P. KOROWITZ
(Typed or printed name of signee)

Filing Fee: \$25.00