M0600001688

Page ! of l

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000089227 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number r FCA000000023 Phone : (850)222-1092 Pax Number : (850)878-5926 OG APR -4 AM 8: 46
SECREJAKT UT STATE
ALLAHASSEE, FLORIDA

]M

LLC DISS/WITH OR REV DISS

MAGAZINE TWELVE OAKS GP LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 2 |
| Page Count | 02 |
| Estimated Charge | \$85.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

4/4/2006

https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION SYSTM

9259848998

04/04/5000 13:23

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

| (Name of limited liability company) | |
|--|--|
| Deinware | |
| (Jurisdiction of its organization) | The second secon |
| This limited liability company is no longer transacting business in F authority to transact business in this state. | forida and surrenders its |
| This limited liability company revokes the authority of its registered a its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact busing | gent to accept service on se of process based on a ness in Florida. |
| c/o Sawyer Realty Holdings LLC, 75 Second Avenue, Suite 200 | |
| (Mailing address) | |
| Needham, MA 02494 | |
| (City/State/Zip) | |
| The limited liability company agrees to notify the Department of Schange in its mailing address. | rate in the future of any |
| Sail Freeman | • |
| (Signature of member or authorized representative of a member) | S |
| Gail Freeman, Authorized Person | ECA A |
| (Typed or printed name of signee) | APR - CRETA LAHAS |
| , | ARI ARI |
| | |
| | 1 8 FLO |
| | Ř <u>A</u> : |

Filing Fee: \$25.00

FL079 - 09/14/2005 C T System Callins