

M06000002155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

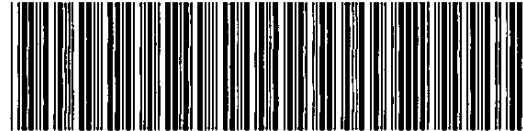
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



900105099189

FILED

07 JUL -3 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 JUL -3 PM 2:41

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 980956 5041389

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : July 3, 2007

ORDER TIME : 1:57 PM

ORDER NO. : 980956-005

CUSTOMER NO: 5041389

FILED  
07 JUL - 3 AM 8:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FOREIGN FILINGS

NAME: LDD PALM COAST NORTH, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Kathy Drake - EXT# 2959

EXAMINER: \_\_\_\_\_

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

LDD Palm Coast North, LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

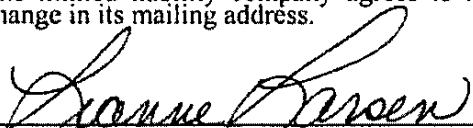
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

11777 San Vicente Blvd., Suite 900  
(Mailing address)

Los Angeles, CA 90049  
(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)

Leanne Larsen  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
JUL - 3 AM 8:21  
TALLAHASSEE  
FLORIDA  
DEPARTMENT OF STATE