

M06000002277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

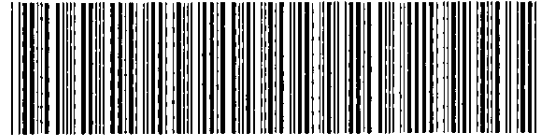
(Business Entity Name)

(Document Number)

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10 NOV 19 AM 10:58  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

NOV 19 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 19 PM 2:08



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 582726 7122203  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 NOV 19 PM 2:08

ORDER DATE : November 18, 2010  
ORDER TIME : 9:44 AM  
ORDER NO. : 582726-040  
CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: RESERVE I ASSOCIATES, L.L.C.

       CORPORATE  
       LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Doreen Wallace - EXT# 2928

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

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 NOV 19 PM 2:09

Reserve I Associates, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M06000002277

(Florida Document Number)

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.

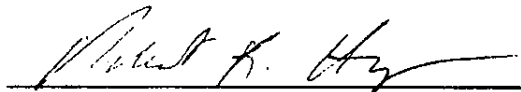
200 E. Randolph, 43rd Floor

(Mailing address)

Chicago, IL 60601

(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)

Robert K. Hagan, authorized representative

(Typed or printed name of signee)

**Filing Fee: \$25.00**