

M06VVVVU 2278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

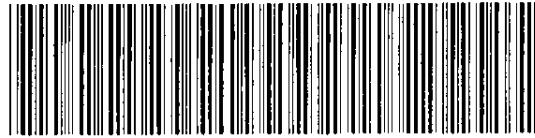
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500187612185

RECEIVED

10 NOV 19 AM 10:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

NOV 19 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 19 PM 2:08

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 582726 7122203

AUTHORIZATION

COST LIMIT : \$ 25.00

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

ORDER DATE : November 18, 2010

ORDER TIME : 9:43 AM

ORDER NO. : 582726-035

CUSTOMER NO: 7122203

FOREIGN FILINGS

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

____ CORPORATE
____ LIMITED PARTNERSHIP
XX 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 TRANSACT BUSINESS IN
FLORIDA**

FILED STATE
SECRETARY OF CORPORATION
10 NOV 19 PM 2:08

Reserve II Associates, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M06000002278

(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.

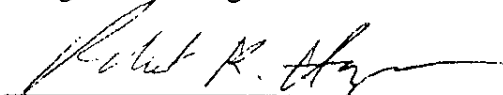
200 E. Randolph, 43rd Floor

(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