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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Residences at Coconut Point	II, LLC		
(Name of Foreign Lim	ited Liability (Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for filing	ıg.		
Please return all correspondence concerning this matter to	the following	y :	
Richard J. Dick, Esq.			
(Name of Person)		•	
Mitchell Hurst Jacobs & Dick, LLP		_	•
(Firm/Company)			"
152 East Washington Street		-	
(Address) Indianapolis, Indiana 46204 (City/State and Zip Code)	. d 10 (1 to 10	gerrejoustral TOTTE ON DESCRIPTION	SELVENCE FLORID
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For further information concerning this matter, please cal	1:		. O
Richard J. Dick, Esq.	\	636-0808	
(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	Regist Divisi P.O. F	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclosed is a check for the following amount:			
	Filing Fee & ified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

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

The Residences at Coconut Point II, LLC		
(Name of limited liability company)		
Indiana		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surrauthority to transact business in this state.	enders	its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process because of action arising during the time it was authorized to transact business in Florida.	service ased c	on on a
4495 Saguaro Trail		
(Mailing address)	5 1 10 14 14 11 5	entrii- Marii
	المراجعة المستند المراجعة المستند	E7.771
Indianapolis, Indiana 46268		
(City/State/Zip)		53
	ing the	
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	ire of	any
onungo in no maning address:		9
	Lo	
(Signature of member or authorized representative of a member)		
Angela C. Guinn		
(Typed or printed name of signee)		

Filing Fee: \$25.00