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SECRETARY OF STATE

J. BRYAN

APR 1 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CT: American Resi	dential & eign Limited Liability	Sompany)	<u>,LL</u> C	•	
Dear Si	r or Madam:					
The end	closed withdrawal and fee(s) are submitte	ed for filing.				
Please	return all correspondence concerning this	matter to the following	;			
Lı	Sette Smyth (Name of Person)			SECR TALLA	09 AF	(security)
<u>A</u> m	(Firm/Company)	al Eguiti	6 >	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Ř-9 PH	
_ <i>9</i>	(Address)	<i>ر</i> د د		TATE	16	
	Venice CA 9 (City/State and Zip Cod	16)				
For fur	her information concerning this matter, p	please call:				
Li	Name of Person)	at (\ \ \ \ \ \ \ (Area Code &	Daytime Telephone Number)	······································		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations Sox 6327 assee, Florida 32314			
Enclos	ed is a check for the following amount:	:				
\$25	Filing Fee \$\ \tag{S30 Filing Fee & Certificate of Status}	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			

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

American Residential Equities LIV, LLC (Name of limited liability company)
Delawace (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.
848 Brickell Ave Penthouse (Mailing address)
Miami, FL 33131 (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)
(Typed or printed name of signee) SECRETARY OF STATE LAHASSEE, FLORID.

Filing Fee: \$25.00