

MO6000003781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

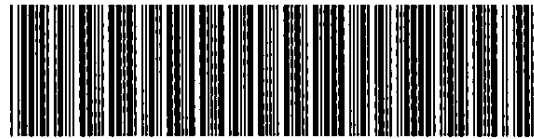
(Document Number)

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

Special Instructions to Filing Officer:

*OK*

Office Use Only



800106964438

RECEIVED  
FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
07 SEP 20 PM 1:20  
AM 10:42  
ACKNOWLEDGE  
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

FILED  
07 SEP 20 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 236490 4374025

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : September 20, 2007

ORDER TIME : 10:08 AM

ORDER NO. : 236490-030

CUSTOMER NO: 4374025

FOREIGN FILINGS

NAME: INVESTCORP ALHAMBRA 255 GP,  
LLC

\_\_\_\_ 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: Joyce Markley - EXT# 2930

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

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

Investcorp Alhambra 255 GP. 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.


c/o Investcorp, 280 Park Ave, 36W

(Mailing address)

New York, NY 10017

(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)

F. Jonathan Dracos, Vice President

(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
07 SEP 20 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA