M06000003961

(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
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T. HAMPTON APR 2 L 2011

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: Herita	ge Real Estate Holdin (Name of Fore	ngs, LLC eign Limited Liability C	ompany)	
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Nancy Walters	(Name of Person)			
Diasti Florida Fa	amily Limited Partne	rship		
4010 W Boy Sc	(Firm/Company)			
4010 W Boy Scout Blvd, Suite 1100 (Address)				
Tampa, FL 336	<u>.</u>			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Nancy Walters		at (813)	288-6253	
(Na	ne of Person)		Daytime Telephone Number)	
Registration Division of C Clifton Build 2661 Execut	Corporations	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, Florida 32314	
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	□ \$30 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

Heritage Heal Estate Holdings, LLC
(Name of limited liability company)
Oelaware (Jurisdiction of its organization)
M06000003961
(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 the 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.
4010 W Boy Scout Blvd, Ste 1100
(Mailing address)
Tampa, FL 33607 (City/State/Zip)
(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)
Signature of Apenioc of authorized representative of a memoer)
Derek +. Diasti
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS