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J. BRYAN

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EXAMINER

COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJE	CT: Centex / Meritage at	t Lancaster Park, l	LC ·	
	(Name of Fore	eign Limited Liability (Company)	
Dear Si	r or Madam:			
The end	closed withdrawal and fee(s) are submitted	d for filing.		
Please	return all correspondence concerning this	matter to the following	:	
Scott	: Clements			
	(Name of Person)			
				75 S
Cont	ex Homes			CR A
Cent	(Firm/Company)	 		AH L3
	(Time Company)			SSE
				m
2301	Lucien Way, Ste. 400			FES
	(Address)			REE
Maitl	and, FL 32751			46
	(City/State and Zip Code	e)		
For fur	ther information concerning this matter, p	lease call:		
Scot	t Clements	at (407	, 661-2145	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
	STREET/COURIER ADDRESS:	MAIL	ING ADDRESS:	
	Registration Section		ration Section	
	Division of Corporations		on of Corporations Sox 6327	
	Clifton Building 2661 Executive Center Circle		assee, Florida 32314	
	Tallahassee, Florida 32301		, r. corrad 5 5 5 7 7	
Enclos	ed is a check for the following amount:			
√ \$25	Filing Fee \$\square\$\$30 Filing Fee &	\$55 Filing Fee &	\$60 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

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

(Name of limited liability company)	***************************************
Delaware	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Floauthority to transact business in this state.	orida and surrenders its
This limited liability company revokes the authority of its registered ag its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact busin	ent to accept service on e of process based on a ess in Florida.
2301 Lucien Way, Ste. 400 (Mailing address)	
Maitland, FL 32751 (City/State/Zip)	
The limited liability company agrees to notify the Department of Stachange in its mailing address.	ate in the future of any
Soll M Clast	
(Signature of member or authorized representative of a member)	
Scott Clements	ECC H
(Typed or printed name of signee)	HAR CRET
	-9 ARY ISSE
	m _C TO

Filing Fee: \$25.00