

M06000004854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

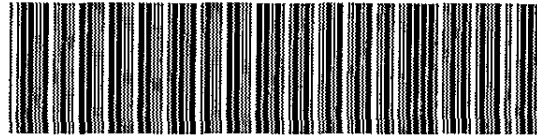
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200079008122

09/08/06--01043--010 **100.00

FILED
06 SEP -8 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Colligan SEP 12 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROUSDALE-ALLISON POINTE LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeannette Johnson
(Name of Person)

DDRS
(Firm/Company)

12426 W EXPLORER DRIVE, STE 100
(Address)

BOISE IDAHO 83713
(City/State and Zip Code)

For further information concerning this matter, please call:

JEANNETTE JOHNSON at (208) 489-2533
(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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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**

TROUSDALE-ALLISON POINTE 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.

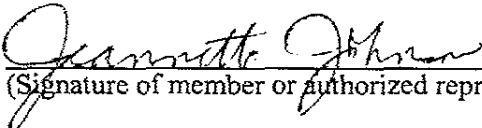
12426 W. Explorer Drive, Suite 100

(Mailing address)

Boise ID 83713

(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)

Jeannette Johnson, authorized representative

(Typed or printed name of signee)

FILED
06 SEP -8 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00