## M06000005747

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC'	r: AIMCO D	EERBROOK NET LES	SSEE, LLC		
		(Name of Fo	reign Limited Lia	bility Co	ompany)
Dear Sir o	r Madam:				
The enclo	sed withdrawa	and fee(s) are submitte	ed for filing.		
Please ret	urn all correspo	ondence concerning this	s matter to the foll	owing:	
M. McCl	IESNEY				
	<u></u>	(Name of Person)		·	
AIMCO A	AUBURN GLI	EN APARTMENTS NE	ET LESSEE, LLC		
		(Firm/Company)			
4582 S. U	LSTER ST. PI	CWY #1100			
		(Address)			
DENVE	R, CO 80237				·
		(City/State and Zip Cod	de)		
For furthe	r information o	oncerning this matter, 1	please call:		
М. МсС	HESNEY		at (_303	)_	691-4354
	(Name	of Person)	(Area C	Code & D	aytime Telephone Number)
R D C 2	TREET/COL Registration Securition of Cor Clifton Building 661 Executive Callahassee, Flo	porations 3 Center Circle		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
Enclosed	is a check for	the following amount	:		
□ \$25 Fil	ing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing For Certified Con		\$60 Filing Fee, Certificate of Status & Certified Copy

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

AIMCO DEERBROOK NET LESSEE, LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrenders authority to transact business in this state.	its
This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based or cause of action arising during the time it was authorized to transact business in Florida.	on n a
C/O LEGAL DEPT. 4582 S. ULSTER ST. PKWY #1100	
(Mailing address)	
DENVER, CO 80237	<u>.</u>
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of a change in its mailing address.	iny
mm' Cherry	DIVISION OZ MAY
(Signature of member or authorized representative of a member)	
M. McCHESNEY	
(Typed or printed name of signee)	OF STATE OF STATE ORPORATIO
<del>-</del>	<b>-</b> ₹

Filing Fee: \$25.00