6000005793

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
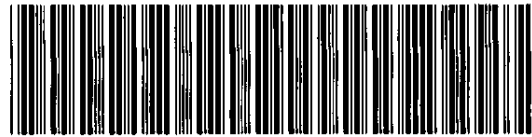(Document Number)

Certified Copies _____   Certificates of Status _____

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RECEIVED
12 MAY -7 PM 4:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2012 MAY -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAY - 8 2012

ACCOUNT NO. : I20000000195

REFERENCE : 194490   7615938

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : May 7, 2012

ORDER TIME : 2:21 PM

ORDER NO. : 194490-005

CUSTOMER NO: 7615938

FOREIGN FILINGS

NAME: 1863 WELLS ASSOCIATES, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XXX__ 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: Stephanie Milnes - EXT# 2920

EXAMINER: _____

FILED 2012 MAY -7 AM 8: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

1863 Wells Associates, LLC
_____
(Name of limited liability company)

Delaware
_____
(Jurisdiction of its organization)

M06000005793
_____
(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 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.
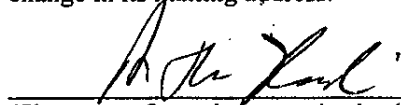
32 Old Slip, 28th Floor
_____
(Mailing address)

New York, NY 10005
_____
(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)

Arthur Ilardi
_____
(Typed or printed name of signee)

Filing Fee: $25.00