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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AIMCO AUBURN GLEN APAI	RTMENTS NET LESSE			
(Name of Fe	oreign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submit	ted for filing.			
Please return all correspondence concerning th	is matter to the followin	g:		
M. McCHESNEY				
(Name of Person)		-		
AIMCO AUBURN GLEN APARTMENTS N	ET LESSEE, LLC	_		
(Firm/Company)				
4582 S. ULSTER ST. PKWY #1100		_		
(Address)				
DENVER, CO 80237		_	9	AIG
(City/State and Zip Co	ode)		7 HAY I	SECR
For further information concerning this matter,	please call:		7 10	
M. McCHESNEY	at (_303) 691-4354	 	SOUR SOUR
(Name of Person)	(Area Code &	c Daytime Telephone Number)	9: 09	ATOR
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314		\$
Enclosed is a check for the following amount	t:			
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status &		

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

AIMCO AUBURN GLEN APARTMENTS 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 ı a
C/O LEGAL DEPT. 4582 S. ULSTER ST. PKWY #1100	
(Mailing address)	
DENVER, CO 80237	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of a change in its mailing address.	ny
(Signature of member or authorized representative of a member)	3 9
M. McCHESNEY	/1816
M. McCHESNEY (Typed or printed name of signee)	< 255 - 955
	<u>~</u> ~~
	. 传乐 9s
	SWO

Filing Fee: \$25.00