

MD6000006662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

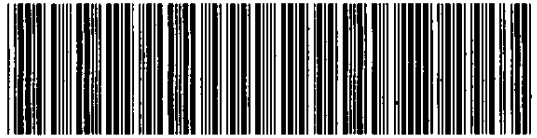
Special Instructions to Filing Officer:

**A. LUNT**

JAN 26 2010

**EXAMINER**

Office Use Only



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01/25/10--01029--021 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JAN 25 PM 12:33

FILED

**AMERICAN MULTIFAMILY MANAGEMENT, LLC**

Via Regular Mail

January 21, 2010

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: American Multifamily Management, LLC – Document Number: M06000006662

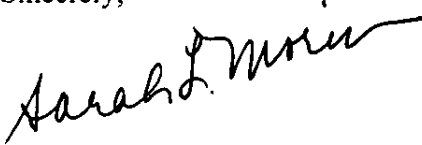
To Whom It May Concern:

Enclosed please find our Application for Withdrawal of Authority for American Multifamily Management, LLC (see above-referenced corresponding document number) along with our check in the amount of \$25.00 representing the filing fee for same matter.

Please feel free to contact me with any questions you may have concerning this matter.

Thank you.

Sincerely,



Sarah L. Morin  
Director of Corporate Operations

/slm

Enclosures

Cc: Registered Agent

FILED

2010 JAN 25 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

245 Commercial Street, 4<sup>th</sup> Floor  
Portland, Maine 04101  
Telephone (207) 772-8896  
Facsimile (207) 772-0898

TDD (800) 545-1833 Ext. 292



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN MULTIFAMILY MANAGEMENT, 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:

SARAH L. MORIN  
(Name of Person)

AMERICAN MULTIFAMILY MANAGEMENT, LLC  
(Firm/Company)

245 COMMERCIAL STREET, 4TH FLOOR  
(Address)

PORTLAND, ME 04101  
(City/State and Zip Code)

For further information concerning this matter, please call:

SARAH L. MORIN at ( 207 ) 772-8896  
(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

FILED  
2010 JAN 25 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

AMERICAN MULTIFAMILY MANAGEMENT, 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.

245 COMMERCIAL STREET, 4TH FLOOR

(Mailing address)

PORTLAND, ME 04101

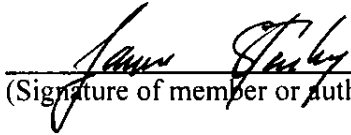
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JAN 25 PM 12:33

FILED

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)

JAMES STANLEY, MANAGER

(Typed or printed name of signee)

**Filing Fee: \$25.00**