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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Summerhill Apartments NF L.L.C. (Document # Mo 70 000 00 720) (Name of Foreign Limited Liability Company)
(Name of Foleigh Elimited Elability 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:
Arthur Friedman
(Name of Person)
SAP V Manager Inc.
(Firm/Company)
111 Great Neck Rd., Ste 408
(Address)
Great Neck, NY 11021
(City/State and Zip Code)
For further information concerning this matter, please call:
Arthur Friedman at 516 504-2100
(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:
S25 Filing Fee S30 Filing Fee S55 Filing Fee S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy

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

Summerhill Apartments NF L.L.C.		
(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 cause of action arising during the time it was authorized to transact business in Florida.	on on a	
c/o SAP V Manager Inc., 111 Great Neck Rd., Ste 408 (Mailing address)		
Great Neck, NY 11021 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future of change in its mailing address.	any	
Reel Jacon		
(Signature of member of authorized representative of a member)		*
Arthur Friedman	2	DIS S
() yped or printed name of signee)	8 APR 28	SION OF C
	Z.	0480. 404.8

Filing Fee: \$25.00