M07000006785		
(Requestor's Name) (Address)		
(Address)	400199474374	
(City/State/Zip/Phone #)	03/29/1101010011 **25.00	

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MAR 8 0 2011

EXAMINER

COVER LETTER	

TO: **Registration Section** Division of Corporations Ales SUBJECT: (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:

(Name of Person) (Firm/Company) (Address (CityState and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, Florida 32301

Enclosed is a checkfor the following amount:

🖾 \$25 Filing Fee

■ \$30 Filing Fee & ■ \$55 Filing Fee & Certificate of Status

\$60 Filing Fee, Certificate of Status & Certified Copy

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

HEM REALTY ASSOCIES UC	
Rhode Isknd (Jurisdiction of its organization)	
M0700000785	
(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.

(Mailing address) (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)

(Typed or printed name of signee)

Filing Fee: \$25.00