## 1107000000914

··		
(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:		
·		

Office Use Only



000149067620

04/09/09--01040--001 \*\*700.00

FILED

09 APR -9 PH 1: 16

SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

APR 1 0 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: American Residential Equities L (Name of Foreign Limited Liability Company)	<u> </u>
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lisette Smyth (Name of Person)	O9 AF
American Residential Equities (Firm/Company)	09 APR -9 PH 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2411 Ocean Avenue (Address)	TATE ORIDA
Venice CA 90391 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (786) 866-49 (Area Code & Daytime Telephone No	umber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$25 Fi	

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

American Residential Equities LVII, LC (Name of limited liab Dy company)	
(Name of limited liab  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.	1
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.	
848 Brickell Ave., Penthouse (Mailing address)	
Miami, FL 33131 (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)	
Jeffrey Kirsch	
(Typed or printed name of signee)	
09 A SECF	ORSI asi

Filing Fee: \$25.00