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J. BRYAN

APR 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: American Res (Name of	Foreign Limited Liability Company)	<u>.</u> _
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Lisette Smyth (Name of Person)		
(· · · · · · · · · · · · · · · · · · ·	<u>≯</u>	O9 APR
American Resident (Firm/Company)	ייני רוקי רוקי	APR -9 PH 1: 16 CRETARY OF STATE
2411 Ocean Av	<u> </u>	I: 16
Venice CA (City/State and Zip	Code)	
For further information concerning this matter	er, please call:	
Lisette Smyth	at (786) 866-4973 (Area Code & Daytime Telephone Number)	*
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amou	unt:	
\$25 Filing Fee \$30 Filing Fee & Certificate of State	\$55 Filing Fee & \$60 Filing Fee, us Certified Copy Certificate of Status & Certified Copy	

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

American Residential Equities LV, LLC (Name of limited Wability 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.
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)
Typed or printed name of signee) SECRETARY OF STATE ORICE TALLAHASSEE, FLORICE
The limited liability sembany 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) Typed or printed name of signee)

Filing Fee: \$25.00