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SECRETARY OF STATE ALLAHASSEE, FLORIDA

MAY 21 AM 10: 32

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: API Properties 464 L					
(Name of Fo	oreign Limited Liability	Company)			
Dear Sir or Madam:					
The enclosed withdrawal and fee(s) are submit	ted for filing.				
Please return all correspondence concerning th	is matter to the following	g;			
lan Hunter (Name of Person)					
API Properties Nevada, Inc. (Firm/Company)					
4160 Douglas Blvd.					
(Address)					
Granite Bay, CA 95746					
(City/State and Zip Co	ode)	,	250	07	
For further information concerning this matter,	please call:		ECRETA LLAHAS	07 MAY 21 AM 10: 32	-17
lan Hunter	at (916	791-5991	HIS A	73	
(Name of Person)	(Area Code &	Daytime Telephone Number)	 	<u> </u>	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Sox 6327 assee, Florida 32314	TATE RIDA	l: 32	
Enclosed is a check for the following amoun	t:				
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			

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

API Properties 464 LLC	
(Name of limited liability company)	
Nevada	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrender authority to transact business in this state.	s 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.	e on on a
4160 Douglas Blvd. (Mailing address)	
Granite Bay, CA 95746	
(City/State/Zip) The limited liability company agrees to notify the Department of State in the future of change in its mailing address. (Signature of member or authorized representative of a member) Monika S. Thompson, Vice President (Typed or printed name of signee)	FILED 07 MAY 21 AM 10£32 SECRÉTARY OF SEATE

Filing Fee: \$25.00