M0700000 2992

| . (Re | equestor's Name) | - | |
|---|--------------------|--------------|--|
| - (Ac | ldress) | | |
| (Ac | ldress) | | |
| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL. | |
| (Bi | usiness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | • | |
| | | | |
| | | | |
| | | | |

Office Use Only



600267257826

12/10/14:-01027--010 **25.00

14 DEC 10 PM 3: 49
SECRETARY OF STATE
TALLAHASSEE, FI DRID.

& Strikens DEC I 6 2014

COVER LETTER

Registration Section

| Division of | f Corporations | | |
|---|---|---|---|
| SUBJECT: | ES RES CLEARWAT | ER, LLC | |
| | (Name of For | reign Limited Liability | Company) |
| Dear Sir or Madam | : | | |
| The enclosed without | lrawal and fee(s) are submitte | d for filing. | |
| Please return all co | rrespondence concerning this | matter to the following | 3: |
| Julia M. Fusor | 1 | | |
| | (Name of Person) | | _ |
| Clarion Partne | ers | | |
| | (Firm/Company) | | - |
| 1717 McKinne | ey Avenue, Suite 1900 | | _ |
| | (Address) | | |
| Dallas, TX 75 | 202 | | |
| | (City/State and Zip Cod | e) | |
| For further informa | tion concerning this matter, p | lease call: | |
| Julia M. Fusor | ı | 214 at (| 775-7611 |
| (1 | Name of Person) | | Daytime Telephone Number) |
| Registration of Clifton Bu 2661 Exec | COURIER ADDRESS: on Section of Corporations ailding cutive Center Circle see, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a chec | k for the following amount: | • | |
| 2 \$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| LES RES CLEARWATER, LLC | |
|---|--|
| (Name of limited liability company) | |
| Delaware | |
| (Jurisdiction of its organization) | |
| 5/21/2007 | |
| (Date registered with Florida Department of State) | |
| M0700002992 | |
| (Florida Document Number) | · · · · · · · · · · · · · · · · · · · |
| This limited liability company is withdrawing its certificate of authority in the | his state. |
| (Signature of authorized representative) John M. Norris, Authorized Signatory (Typed or printed name of signee) | 14 DEC 10 PH 3: 49 SECRETARY OF STATE TALLAHASSEE FLORID |

Filing Fee: \$25.00