M0700003152

(Requestor's Name)				
(Address)				
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(1881855)				
(City/State/Zip/Phone #)				
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(Dunin and Faliba Nama)				
(Business Entity Name)				
(Document Number)				
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C. LEWIS
FEB 2 1 2012
EXAMINER

COVER LETTER

	gistration Se vision of Cor				
SUBJECT:	Fund Po	Fund Port St. Lucie AL, LLC			
		(Name of For	eign Limited Liability (Company)	
Dear Sir or N	Madam:				
The enclosed	i withdrawa	l and fee(s) are submitte	ed for filing		
			•		
Please return	all correspo	ondence concerning this	matter to the following	<u>;</u>	
Bruce Ric	:h				
		(Name of Person)			
		,			
Schell Br	ay PLLC			•	
		(Firm/Company)			
230 North	n Elm Str	eet, Suite 1500			
	 :-	(Address)			
	N 1 41				
Greensbo	oro, Norti	Carolina 27401	<u></u>		
		(City/State and Zip Cod	e)		
For further in	nformation o	oncerning this matter, p	elease call:		
Bruce Ric	ch		at (336	, 370-8815	
	(Name	of Person)		Daytime Telephone Number)	
STI	PET/COU	DIED ANNDESS,	· .	ING ADDRESS:	
STREET/COURIER ADDRESS: Registration Section			Registration Section		
Division of Corporations		Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a	a check for	the following amount:			
☑ \$25 Filing	Fee 🗖	\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status &	

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

Fund Port St. Lucie AL, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M07000003152	
(Florida Document Number)	
This limited liability company is no longer transacting business authority to transact business in this state.	in Florida and surrenders its
This limited liability company revokes the authority of its registe its behalf and appoints the Department of State as its agent for cause of action arising during the time it was authorized to transact	red agent to accept service on service of process based on a business in Florida.
300 N. Greene Street, Suite 1000	
(Mailing address)	· —
Greensboro, North Carolina 27401	
(City/State/Zip)	
The limited liability company agrees to notify the Department change in its mailing address. (Signature of member of authorized representative of a member) Towathan D. BW, NSIGENT Bell Partners Inc., Manager	of State in the future of any
Typed or printed name of signee)	2012 FEB 20 SECRETARY TALLAHASSE

Filing Fee: \$25.00