"MO7000003196

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ALLAHASSEE, FIRM

D. BRUCE FEB 21 2012 EXAMINER

COVER LETTER

Division of	Corporations			
SUBJECT: Fund	l Port St. Lucie Villas,	LLC		
		reign Limited Liabili	ty Company)	
Dear Sir or Madam:				•
The enclosed withdr	awal and fee(s) are submitt	ed for filing.		
Please return all corr	respondence concerning this	s matter to the follow	ring:	
Bruce Rich				
	(Name of Person)			
Schell Bray PL	LC		•	
	(Firm/Company)			72
230 North Elm	Street, Suite 1500			FEB 20 LABLETARY AHASSET
O N	(Address)			
Greensboro, N	Orth Carolina 27401 (City/State and Zip Cod	le)	_	MII:45
For further informati	on concerning this matter, p	olease call:	·	
Bruce Rich		at (336	₎ 370-8815	
(Na	ame of Person)		e & Daytime Telephone Numb	per)
Registration Division of Clifton Buil 2661 Execu Tallahassee	Corporations ding tive Center Circle Florida 32301	Reş Div P.C Tal	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, Florida 32314	
Enclosed is a check ✓ \$25 Filing Fee	for the following amount: □ \$30 Filing Fee & Certificate of Status	S55 Filling Fee & Certified Copy	\$60 Filing Fee, Certificate of Statu Certified Copy	s &

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

Fund Port St. Lucie Villas, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0700003196
(Florida Document Number)
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.
300 N. Greene Street, Suite 1000
(Mailing address)
, \cdot
Greensboro, North Carolina 27401
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
moto Tell
(Signature of member or authorized representative of a member)
Bell Partners Inc., Manager Bell Partners Inc., Manager
(Typed or printed name of signee)
Post in the second seco

Filing Fee: \$25.00