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COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: SCP-CAPRI PINE PLAZA OWNER LLC (Name of Foreign Limited Liability Company)		
(Name of Foreig	in Limited Liability Company)	
Dear Sir or Madam:	•	
Deal of Madail.		
The enclosed withdrawal and fee(s) are submitted f	for filing.	
•	-	
Please return all correspondence concerning this matter to the following:		
`		
JUDY SHERMAN		
(Name of Person)		
STILES CORPORATION		
(Firm/Company)		
301 E. LAS OLAS BLVD., 7TH F	FLOOR	
(Address)	· · · · · · · · · · · · · · · · · · ·	
(· · · · · · · · · · · · · · · · · · ·		
FORT LAUDERDALE, FL 33301	1	
(City/State and Zip Code)		
(City/State and Zip Code)	•	
	·	
For further information concerning this matter, plea	ase call:	
•		
JUDY SHERMAN	_{at (} 954 ₎ 627-9156SC	
(Name of Person)	(Area Code & Daytime Telephone Number)	
,,	,	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, Florida 32301

\$25 Filing Fee

\$30 Filing Fee & Certificate of Status

☐ \$55 Filing Fee & Certified Copy

■ \$60 Filing Fee, Certificate of Status & Certified Copy

Tallahassee, Florida 32314

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

SCP-CAPRI PINE PLAZA OWNER LLC
(Name of limited liability company)

DELAWARE
(Jurisdiction of its organization)

(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.

301 E. LAS OLAS BLVD., 7TH FLOOR
(Mailing address)

FORT LAUDERDALE, FL 33301

(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)

TERRY W. STILES

M07000003919

(Typed or printed name of signee)

Filing Fee: \$25.00