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D. BRUCE

JUL 20 2010

EXAMINER

## **COVER LETTER**

TO: Registration Division of 0						
SUBJECT:	RA	AMCO JACKSONVILI	LE NORTH INDUSTRIAL I	LLC		
	(Name of For	eign Limited Liability (	Company)	<del></del>		
Dear Sir or Madam:						
The enclosed withdra	wal and fee(s) are submitte AND FILED	d for filing. STAMPED COPY				
Please return all corre	spondence concerning this	matter to the following	:			
JANIS K. KUJAN, PA	NRALEGAL					
	(Name of Person)					
HONIGMAN MILLI	ER SCHWARTZ AND CO	HN LLP				
	(Firm/Company)					
38500 WOODWARI	O AVENUE SUITE 100			E SEGRE	الد 10	
	(Address)			AS.	<u>-</u>	•
BLOOMFIELD HIL	LS, MI 48304			SEE	9 🛧	
	(City/State and Zip Cod	e)		S	्य <u>ाट</u> इस	·
For further information	on concerning this matter, p	lease call:		NIDA	ال (الله	
JANIS K. KUJAN		at (248	566-8510			
(Na	me of Person)	(Area Code &	Daytime Telephone Number)			
Registration Division of C Clifton Build 2661 Execut	Corporations	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, Florida 32314			
Enclosed is a check	for the following amount:					
S25 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

RAMCO JACKSONVILLE NORTH INDUST	TRIAL LLC
(Name of limited liability company)	)
•	
DELAWARE	
· (Jurisdiction of its organization)	
M07000005437	:
(Florida Document Number)	
This limited liability company is no longer transacting busines authority to transact business in this state.	
This limited liability company revokes the authority of its regist its behalf and appoints the Department of State as its agent for cause of action arising during the time it was authorized to transactions.	stered agent to accept service on or service of process based on a act business in Florida.
31500 NORTHWESTERN HIGHWAY, SUITE 3	300 .
(Mailing address)	•
	•
FARMINGTON HILLS, MI 48334	. 1
(City/State/Zip)	
The limited liability company agrees to notify the Departmen lange in its mailing address.	nt of State in the future of any
Signature of member or authorized representative of a member)	
Vennis Gershenson	
Typed or printed name of signee)	
	6 6
·	器 全 丽

Filing Fee: \$25.00