Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL CB-FL VAULT APOPKA, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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MAY 1 3 2011

EXAMINER

COVER LETTER

| Division of | Corporations | | | |
|--|--|-------------------------------|---|--|
| SUBJECT: CB- | FL Vault Apopka, LLC | | | |
| | (Name of For | reign Limited Liability (| Company) | |
| Dear Sir or Madam: | | | | |
| The anciosed withdo | rawal and fee(s) are submitte | ed for filing. | | |
| Please return all cor | respondence concerning this | s matter to the following | : | |
| | (Name of Person) | | | |
| | | | | |
| | (Fixn/Company) | | | |
| | (Address) | | | |
| | (City/State and Zip Coo | de) | | |
| For further informat | ion concerning this matter, p | please call: | | |
| - | - | |) | |
| (N | ame of Person) | (Area Code & | Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | Registr Divisio P.O. Bo | MAILING ADDRESS: Registration Section Division of Corporations F.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check | for the following amount: | | | |
| □ \$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | Certified Copy | 口 \$60 Filing Fee, Certificate of Status & Certified Copy | |

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

| CB-FL Vault Apopka, LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| M07000006431 |
| (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. |
| 8214 Westchester Drive, Ninth Floor |
| (Mailing address) |
| Dallas, Texas 75225 |
| (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) |
| Mitzi Patin |
| (Typed or printed name of signee) |

Filing Fee: \$25.00