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(Re	questor's Name)	
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(6)	(0) 1 77 (7)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	•
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SECRETARY OF STATE

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EXAMINER

MOS-108

COVER LETTER

TO: Registration Section Division of Corporations		
0 10" 11 1		
SUBJECT: Cascade Citrus Meadows Ma		
(Name of Forci	gn Limited Liability Company)	
Dear Sir or Madam:	Y	
The enclosed withdrawal and fee(s) are submitted	for filing.	
Please return all correspondence concerning this n	natter to the following:	
Jennifer Kohout		
(Name of Person)		
Cascade Affordable Housing LLC		, .
(Firm/Company)		Jan (2)
		골걆
2801 Alaskan Way, Suite 200		
(Address)		निर्म नव सम्बद्धाः
		د. نان شد
Seattle, WA 98121		
(City/State and Zip Code)		12-
For further information concerning this matter, plo	ease call	
. 5. Tartier mornation concerning this matter, pre	asse can.	
Jennifer Kohout	_{at (} 206 ₎ 215-9824	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section		
Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$\infty\$\$\$ \$60 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Status &	

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

Cascade Citrus Meadows Manager LLC
(Name of limited liability company)
Washington
(Jurisdiction of its organization)
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. 2801 Alaskan Way, Suite 200
(Mailing address)
Seattle, WA 98121 (City/State/Zip)
(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)
Stanley J. Harrelson, Manager
(Typed or printed name of signce)

Filing Fee: \$25.00