

MO800000 2539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

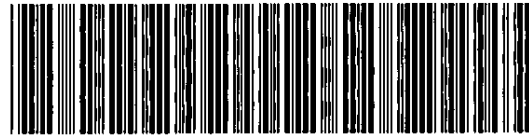
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 JUN 19 AM 9:15

TALLAHASSEE, FLORIDA

B. KOHR

JUN 20 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 615860 7172389

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

ORDER DATE : June 18, 2008

ORDER TIME : 2:47 PM

ORDER NO. : 615860-045

CUSTOMER NO: 7172389

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08 JUN 19 AM 9:15
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: GAVI VISTA BP II, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER: _____

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

GAVI Vista BP II, LLC

(Name of limited liability company)

Delaware

(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.

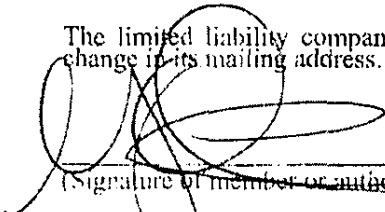
711 High Street

(Mailing address)

Des Moines, IA 50392

(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)

Mary Cunningham, President, CDECREE, LLC

(Typed or printed name of signee)

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Filing Fee: \$25.00