

MO8000004818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

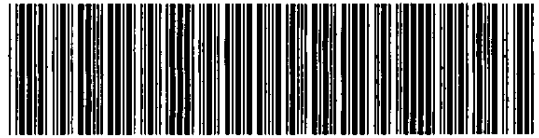
(Business Entity Name).

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100171469441

03/08/10--01048--020 **25.00

FILED
10 MAR - 8 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR _ 9 2010

EXAMINER



700 W. 47th Street, Suite 1000
Kansas City, MO 64112
(816) 753-1000
Facsimile: (816) 753-1536
www.polsinelli.com

Nadene M. McGuire
(816) 360-4326
nmcguire@polsinelli.com

March 4, 2010

Florida Secretary of State
Registration Section
Corporation Division
P.O. Box 6327
Tallahassee, FL 32314

Re: BW Summit Davenport II LLC

Dear Ladies and Gentlemen:

Enclosed are the following documents for the above-referenced limited liability company that we are forwarding to you for processing:

1. Cover Letter
2. Application for Withdrawal.
3. Check in the amount of \$25.00 to cover the filing fee.

Please forward evidence of filing of the withdrawal to the undersigned.

If you have any questions, please let us know.

Very truly yours,

Nadene M. McGuire
Paralegal

NMM
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BW Summit Davenport II LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nadene McGuire, Paralegal
(Name of Person)

Polsinelli Shughart PC
(Firm/Company)

700 West 47th Street, Suite 1000
(Address)

Kansas City, MO 64112
(City/State and Zip Code)

For further information concerning this matter, please call:

Nadene McGuire at (816) 360-4326
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 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**

BW Summit Davenport 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.

c/o CWCapital Asset Management LLC, 701 13th Street NW, Suite 1000

(Mailing address)

Washington, DC 20005

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

CWCAPITAL ASSET MANAGEMENT LLC, a Massachusetts limited liability company, as Manager, but solely in its capacity as special servicer and authorized agent

By:

(Signature of member or authorized representative of a member)

Name:

Title:

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
10 MAR -8 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA