MO800000 4958

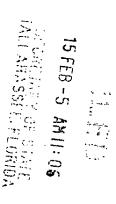
(Red	uestor's Name)			
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COVER LETTER

TO: Registration Sec Division of Corp		• • •	•
SUBJECT: <u><u>Uni+</u></u>	806 Ocean V (Name of For	15+05 , LL eign Limited Liabil	ity Company)
Dear Sir or Madam:			
The enclosed withdrawal	and fee(s) are submitted	d for filing.	
Please return all correspo	ndence concerning this	matter to the follow	ving:
Lynn	Tefcoat (Name of Person)		
HM R	Peal Estate (Firm/Company)	e,LLC	
P.O.Box	2204 (Address)		<u> </u>
	On , MS (City/State and Zip Code	39043	
For further information co	oncerning this matter, plots Defected of Person)	at (<u>601</u>	le & 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		gistration Section vision of Corporations O. Box 6327	
Enclosed is a check for t	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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Unit 806 Ocean Vistas, LLC (Name of limited liability company)			
(Name of limited liability company)			
(Jurisdiction of its organization)			
(Date registered with Florida Department of State)			
(Date registered with Florida Department of State)			
M 0800000 4998			
(Florida Document Number)	,		
This limited liability company is withdrawing its certificate of authority in this sta	ate.		
(Signature of authorized representative)	MULAHASSEC FLORID	15 FEB -5 AMII: 06	

Filing Fee: \$25.00