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SECRETARY OF STATE

COVER LETTER .

TO: Registration Section Division of Corporations		
SUBJECT: Crystal Oaks of Pinellas, 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:		
Sharon Carro		
(Name of Person)		
Williams Mullen, P.C.		
(Firm/Company)		
1021 E. Cary Street, 17th Floor	200 TAEL	
(Address)	9NO AHJ	70,
Richmond, VA 23219	ASSI ARI	eriore E visite
(City/State and Zip Code)	(C) P)	
For further information concerning this matter, please call:	2009 NOV -9 PH 3: 18 SECRETARY OF STATE ALLAHASSEE FLORIDA	Ö
Sharon Carro at (804) 783-6580	<i>i</i> - 0,	
(Name of Person) (Area Code & Daytime Telephone Number))	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\ \tag{\$30 Filing Fee \& Certificate of Status}\$\$ Certified Copy \$\ \text{Certificate of Status \& Certified Copy}\$\$	è	

Certified Copy

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

Crystal Oaks of Pinellas, LLC
(Name of limited liability company)
Virginia
(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.
1978 8th Avenue NW
(Mailing address)
Hickory, NC 28601 (City/State/Zip)
(City/State/Zip) ASSET O
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
At 3 Dearl 3 5
(Signature of member or authorized representative of a member)
Steven D. Womack
(Typed or printed name of signee)

Filing Fee: \$25.00