## M0900000246

(Requestor	s Name)	
•		
(Address)		
(Address)		
(City/State/2	Zip/Phone #)	
PICK-UP	VAIT MAIL	
(Business E	ntity Name)	
(Document	Number)	
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Of	ficer:	
•	: -	
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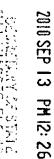
Office Use Only

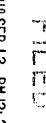


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09/13/10--01039--010 \*\*25.00







## **COVER LETTER**

	ion Section of Corporations			
SUBJECT: Sk	yway Towers II, LLC		-	
	(Name of For	eign Limited Liability (	Company)	
Dear Sir or Mada	m:			
The enclosed with	ndrawal and fee(s) are submitte	ed for filing.		
Please return all c	orrespondence concerning this	matter to the following	:	
Colleen Baxte	er			
- Baxto	(Name of Person)			
Skaway Taw	oro IIC			
Skyway Tow	(Firm/Company)			
	(Time company)			ا آثار العاجات
3903 Northda				<u>.</u>
	(Address)			
Tampa, FL 3	3634			- <u>\$.3.</u>
Tampa, FL 3	(City/State and Zip Cod	(e)		17.
	(3.1). 2.11.2 2.12	-,		
For further inform	nation concerning this matter, p	please call:		
Colleen Baxt	er	at (813	\ 505-7084	
	(Name of Person)		Daytime Telephone Number)	
STREE	I/COURIER ADDRESS:	MAIL	ING ADDRESS:	
	tion Section	Registration Section Division of Corporations		
Clifton E	of Corporations Building		on of Corporations	
2661 Ex	ecutive Center Circle see, Florida 32301	Tallah	assee, Florida 32314	
Enclosed is a che	ck 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

SKYWAY TOWERS II, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
M0900000246
(Florida Document Number)
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.
3903 NORTHDALE BLVD., STE 111W (Mailing address)
TAMPA, FL 33624 (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)
DAN BEHUNIAK
(Typed or printed name of signee)
Marie Control of the
Gr. N

Filing Fee: \$25.00

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(Signature of member or authorized representative of a member)
DAN BEHUNIAK
(Typed or printed name of signee)

Filing Fee: \$25.00