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PLUBLIANT OF STATE
PALLAHASSEE, FLORIDA

COVER LETTER

..(..

TO: Registration Section Division of Corporations
SUBJECT: Crp6 land Olmsted, 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:
Katie Hurdman (Name of Person)
Cosland, UC (Firm/Company)
5960 Fairview Rd, Suite 200
Charlotte, NC 2821 O (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (704) 561 - 5263 (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 \$\simega\$ \$30 Filing Fee & \simega\$ \$55 Filing Fee & Certificate of Status \$\simega\$ Certified Copy \$\screen{1}{2}\$ \$60 Filing Fee, Certificate of Status & Certified Copy

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

(Name of limited liability company)
(Name of limited Hability company)
North Carolina (Jurisdiction of its organization)
M 09000000 527
(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.
5960 Fairview Rd. Suite 200 (Mailing address)
Chartotte NC 28210
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Catherflah
(Signature of member or authorized representative of a member) By: Costand Manager, UC, its Manager
By: Costana Manager, LC, it's Manager By: Cathleen Hardman, Vice President
(Typed or printed name of signee)
(1 yped of printed finite of signer)

Filing Fee: \$25.00