## M0900002431

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  MO9-2431  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  M09-2431  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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SECRETARY OF STANI

## **COVER LETTER**

	ion Section of Corporations		·
SUBJECT:	Park Hi	II Friends & Family	y II, LLC
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madan	n:		
The enclosed with	drawal and fee(s) are submitte	ed for filing.	
Please return all co	orrespondence concerning this	s matter to the followin	g:
	Mitch Helfer, CPA		_
	(Name of Person)		
	Mitch Helfer, PA		_
	(Firm/Company)		
-	215 Romano Avenu	е	-
	(Address)		
	Coral Gables, FL 33		<del>-</del>
	(City/State and Zip Cod	le)	
For further inform	ation concerning this matter, p	olease call:	
Mito	ch Helfer, CPA	at (305	, 567-3152
(	Name of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301		tration Section ion of Corporations 3ox 6327	
☑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2012

MITCH HELFER CPA 215 ROMANO AVENUE CORAL GABLES, FL 33134-7243

SUBJECT: PARK HILL FRIENDS & FAMILY II LLC

Ref. Number: M09000002431

We have received your document for PARK HILL FRIENDS & FAMILY II LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 212A00004219

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

Park Hill Friends & Family II, LLC (Name of limited liability company)
(Alame of miner hasing company)
Delaware
(Jurisdiction of its organization)
M09000002431
(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.
1221 Brickell Avenue, Suite 2660  (Mailing address)  Miami, FL 33131
Miami, FL 33131 SS
Miami, FL 33131  (City/State/Zip)  Miami, FL 33131
The limited liability company agrees to notify the Department of State in the starte any change in its mailing address.
min of Lora
(Signature of member or authorized representative of a member)
Mitch Helfer, CPA
(Typed or printed name of signee)

Filing Fee: \$25.00