## M09000003008

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's N	ame)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	( ·-··)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/l	Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WA	IT MAIL
(Document Number)  Certified Copies Certificates of Status		
(Document Number)  Certified Copies Certificates of Status	(Dualman Full	- A N
Certified Copies Certificates of Status	(Business Entit	y Name)
Certified Copies Certificates of Status		
	(Document Nur	mber)
Special Instructions to Filing Officer:	Certified Copies Certif	icates of Status
Special Instructions to Filing Officer:	•	
Special Instructions to Filing Officer:		<u></u>
	Special Instructions to Filing Office	r:

Office Use Only



700188436597

12/14/10--01003--011 \*\*30.00

MELAHASSEE, FLERIDA

2018 DEC 14 AM 10: 2

J. SAULSBERRY EXAMINER

DEC 15 2010

## **COVER LETTER**

TO:	Registration : Division of C						
SUBJE	cct: Aubu	rndale TK, LLC					
		(Name of Fo	reign Limited Liabilit	y Company)			
Dear Si	ir or Madam:						
The end	closed withdray	wal and fee(s) are submitte	ed for filing.				
Please r	return all corre	spondence concerning this	s matter to the followi	ng:			
Debb	oie Sloan						
	•	(Name of Person)					
New	ton Oldac	re McDonald, Ll	_C				
		(Firm/Company)					
3841	I Green H	lills Village Dr. S	te. 400	_			
		(Address)			Ze	2011	
Nash	nville, TN	37215			AF	2010 DEC 14	-1
<u> </u>	· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Coo	le)	_	ASS	=	-
For furt	ther information	n concerning this matter, p	please call:		EE, FLO	AM 10: 2	
Debb	oie Sloan		at (615	269-5444		): 29	
		ne of Person)		& Daytime Telephone Number)			
	STREET/CO	DURIER ADDRESS:	MAILING ADDRESS: Registration Section				
	Division of C	orporations	Division of Corporations				
	Clifton Build 2661 Executi Tallahassee, I	ve Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Enclose	ed is a check fo	or the following amount:					
□ \$25 F	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

Auburndale TK, LLC	
(Name of limited liability company)	
Alabama	
(Jurisdiction of its organization)	
M0900003008	
(Florida Document Number)	•
This limited liability company is no longer transacting business in Floriauthority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agen its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact business.	t to accept service on of process based on a s in Florida.
3841 Green Hills Village Dr. Ste. 400 (Mailing address)	· · · · · · · · · · · · · · · · · · ·
Nashville, TN 37215 (City/State/Zip)	
The limited liability company agrees to notify the Department of State change in its mailing address.	in the future of any
(Signature of member or authorized representative of a member)  E.H. Camp III, Asst. VP, Corporate General Inc. Manager  (Typed or printed name of signee)	FILED 2010 DEC 14 AM 10: 2 SECRETARY OF STATE FALLAHASSEE, FLORIE

Filing Fee: \$25.00