M0900003750

(Re	equestor's Name)		
(Ad	dress)		
(Ac	idress)		
(Cid	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

G. MCLEOD

NOV - 5 2012

EXAMINER



800241403218

11/02/12--01014--005 **150.00

12 NOV -2 PM 2:55

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Crosland Fund May (Name of Fore	nagement, LLC	mpany)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	d for filing.	
Please return all corre	spondence concerning this	matter to the following:	
Cath	Ken Hardman (Name of Person)		
Cost	and UC (Firm/Company)		
5900	Fairview Road,	Svite 200	
Cr	(City/State and Zip Code	210	
For further information	on concerning this matter, p	lease call:	
<u>Cathleen</u>	Hardman ne of Person)	at (<u>704</u>) (Area Code & D	SUI -5243 Paytime Telephone Number)
Registration Division of C Clifton Build 2661 Execut	Corporations	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
Enclosed is a check	for the following amount:		
\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

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

Crosland Fund Management, LLC (Name of limited liability company)
North Carolina (Jurisdiction of its organization)
M09000003750
(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.
5940 Fairview Road, Stilte 200 (Mailing address)
Charlotte, 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.
(Signature of member or authorized representative of a member)
Callabar II al
(Typed or printed name of signee) ALLANY EEC T
TOF SIMI OR

Filing Fee: \$25.00