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FILED 2012 JAN 30 PM 3: 19 SECRETARY OF STATE

J. BRYAN

JAN **31** 2012

**EXAMINER** 

## **COVER LETTER**

Division of	Corporations			
SUBJECT:	Prospect (Name of Fo	Avenue (	Partners, Company)	LLC
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitte	ed for filing.		
Please return all corr	espondence concerning this	s matter to the following	;	
	(Name of Person)	. WRIG	HT	ZOUZ-J SEC TALL
······································	(Firm/Company)	wal		FILET DAN 30 P
695	Central	Avenue		TALLAHIASSEE, FLORIGE
Saint	(Address)  Raters by  (City/State and Zip Cod	11 A 3	3701	ORIGA ORIGA
DAVID	on concerning this matter, p	HT at (727	798 - 185 Daytime Telephone Numb	
Registration Division of Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314		
Enclosed is a check	for the following amount:			
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Statu Certified Copy	s &

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

Prospect Arenne Partners, LLC (Name of limited liability company)
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M 0 9 0000048 9 4
(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.
(Mailing address)
Saint Petersburg, Fr 33701
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
LOP. h
(Signature of member or authorized representative of a member)
(Signature of member or authorized representative of a member)  DAYID P. WRIGHT (Typed or printed name of signec)  PROP STATE
(Typed or printed name of signee)
For the second s

Filing Fee: \$25.00