

**M100000000 821**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL**  
**CSB WASHINGTON CROSSING DPC HOLDINGS LLC**

Certificate of Status	0
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T. HAMPTON

1/15/2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CSB WASHINGTON CROSSING DPC HOLDINGS 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:

Carolyn Silva

(Name of Person)

CSB WASHINGTON CROSSING DPC HOLDINGS LLC  
(Firm/Company)

5404 Wisconsin Avenue, 2nd Floor

(Address)

Chevy Chase, MD 20815

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Silva

(Name of Person)

301

841-2700

at ( )

(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

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

CSB WASHINGTON CROSSING DPC HOLDINGS LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M10000000821

(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.

CapitalSource, c/o Carolyn Silva, 5404 Wisconsin Avenue, 2nd Floor

(Mailing address)

Chevy Chase, MD 20815

(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)

Carolyn Silva, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

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