M10000002031

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
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2013 MAR -4 PM 2: 40
SECRETARY OF STATE

MAR -5 2013 J. BRYAN

COVER LETTER

Division of Corporations			
SUBJECT: SPE MD HOLDIN	IGS, LLC	,	
SUBSECT.	n Limited Liability		
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for	or tilina		
	Ū		
Please return all correspondence concerning this ma	itter to the followin	g:	. (
Dawn Brindamour			TALL
(Name of Person)		_	至
			23.55 23.55 23.75 25 25 25 25 25 25 25 25 25 25 25 25 25
Textron Financial Corpo	oration	_	70
(Firm/Company)			ORIO
40 Westminster Street			7
(Address)			
Providence, RI 02903			
(City/State and Zip Code)		_	
(eng same and 121) sector			
For further information concerning this matter, plea	se call:		
Dawn Brindamour	_{at (} 401	621-4241	
(Name of Person)	(Area Code &	& Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section		
Registration Section Division of Corporations	Divis	ion of Corporations	
Clifton Building 2661 Executive Center Circle		Box 6327 hassee, Florida 32314	
Tallahassee, Florida 32301			

□ \$55 Filing Fee &

Certified Copy

□ \$60 Filing Fee.

Certified Copy

Certificate of Status &

Enclosed is a check for the following amount:

□ \$30 Filing Fee &

Certificate of Status

■ \$25 Filing Fee

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

SPE MD HOLDINGS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M1000002031

(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.

40 Westminster Street

(Mailing address)

Providence, RI 02903

(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)

Pamela Toro, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00