

M10000003850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR



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13 MAR 15 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
13 MAR 15 PM 4:21

FILED
13 MAR 15 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2013

SUSIE KNIGHT
CSC
TALLAHASSEE, FL

SUBJECT: EXETER REGION COURT, LLC
Ref. Number: M10000003850

RESUBMIT
Please give original
submission date as file date.

572356
RECEIVED
DEPARTMENT OF STATE
13 MAR 19 AM 10:47

FILED
13 MAR 15 PM 1:23
TALLAHASSEE, FLORIDA

We have received your document for EXETER REGION COURT, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Because this is a Delaware LLC, it does not file a Florida LLC Dissolution in Florida.

If it has stopped doing business in Florida, it would file a FOREIGN LLC WITHDRAWAL. (The form is attached.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 313A00006296



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 572356 7593518
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : March 15, 2013

ORDER TIME : 3:12 PM

ORDER NO. : 572356-110

CUSTOMER NO: 7593518

RESUBMIT
Please give original
submission date as file date.

FOREIGN FILINGS

NAME: EXETER REGION COURT, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: _____

FILED
MAR 15 AM 10:53
TALLAHASSEE, FLORIDA

FILED
MAR 15 PM 1:23
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exeter Region Court, 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:

Tiffany Markoski

(Name of Person)

Silverang & Donohoe, LLC

(Firm/Company)

595 E. Lancaster Avenue, Suite 203

(Address)

St. Davids, PA 19087

(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Markoski

(Name of Person)

610 263-0125
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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
13 MAR 15 PM 1:23
TALLAHASSEE, FLORIDA

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

Exeter Region Court, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M10000003850

(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.

140 West Germantown Pike, Suite 150

(Mailing address)

Plymouth Meeting, PA 19462

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Tiffany Markoski, Authorized Person
(Signature of member or authorized representative of a member)

Tiffany Markoski

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
13 MAR 15 PM 1:23
TALLAHASSEE, FLORIDA