## #11/100000004945

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



500248392975

06/17/13-+01004-+002 \*\*25.00

TI JUN 17 PH 3:17 SEGREL ANY OF STATE

K.SALY EXAMINER JUN 18 2013

## **COVER LETTER**

	on Section of Corporations		
SUBJECT: Pa	nama Golf M	anagemen	t, LLC
	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madan	ı:		
The enclosed with	frawal and fee(s) are submitte	d for filing.	
Please return all co	rrespondence concerning this	matter to the following	:
Eileen C	'Day		
	(Name of Person)		
Billy Cas	per Golf, LLC	,	
	(Firm/Company)		
8300 Bo	one Blvd. ST	∃ 350	
	(Address)		
Vienna,	VA 22182		
	(City/State and Zip Cod	e)	
For further informa	tion concerning this matter, p	lease call:	
Eileen O	'Day	<sub>at</sub> 703	761-1444
(	Name of Person)		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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231		ration Section on of Corporations ox 6327	
Enclosed is a chec	k 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

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

## Panama Golf Management, LLC

(Name of limited liability company)

Virginia

(Jurisdiction of its organization)

M10000004945

(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.

8300 Boone Blvd. STE 350

(Mailing address)

Vienna, VA 22182

(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)

Peter M. Hill, Managing Member

(Typed or printed name of signee)

Filing Fee: \$25.00