Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL FL TIMBERLANDS 2, LLC

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Corporate Filing Menu

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JUL 17 2013

COVER LETTER

TO: Registration Division of C			
SUBJECT: FL TIM	IBERLANDS 2, LLC		
	(Name of For	eign Limited Liability C	ompany)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	i for filing.	
	espandence concerning this	_	
Paula A. McCarthy			
	(Name of Person)		
FL TIMBERLANDS	2, LLC		
	(Firm/Company)		
665 Simonds Road			
	(Address)		
Williamstown, MA (01267		
	(City/State and Zip Cod	6)	
For further information	on concerning this matter, p	lesse call:	
Paula A. McCarthy		413 at (458-5220
(Ni	nne of Person)	(Area Code &	Daytime Telephone Number)
	OURIER ADDRESS:	MAILING ADDRESS:	
Registration Division of	i Section Comporations	Registration Section Division of Corporations	
Clifton Bull		P.O. Box 6327	
2661 Execus	tive Center Circle	Tallahassee, Florida 32314	
Tallahassec,	, Florida 32301		
Enclosed is a check	for the following amount:		
₩ \$25 Filling For	S30 Filing Fee & Certificate of Status	Certified Copy	Q \$60 Filing Fee, Certificate of Status & Certified Copy

13 JUL 15 AH 8: 41

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR RY OF STATE WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN ASSEE, FLORIDA

FL TIMBERLANDS 2, LLC
(Name of limited l'ability company)
Delaware
(Jurisdiction of its organization)
M1000005208
(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.
665 Simonds Road
(Mailing address)
Williamstown, MA 01267
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Carle Carthy
(Signature of member or authorized representative of a member)
Paula A McCarthy
(Typed or printed name of signee)

Filing Fee: \$25.00