

**M10000005607**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

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

**\*RE-SUBMIT\*****From:**

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

Please retain original filing  
date of submission 5/30

**LLC DISSOLUTION OR WITHDRAWAL  
LB-UBS 2005-C3 SWAN LAKE APARTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LB-UBS 2005-C3 SWAN LAKE APARTMENTS 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:

ROBIN KYLE

(Name of Person)

C-III ASSET MANAGEMENT LLC

(Firm/Company)

5221 NORTH O'CONNOR BLVD., STE. 600

(Address)

IRVING, TX 75039

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN KYLE

(Name of Person)

at 972 868-5388

(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 |
|--|---|--|--|

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**LB-UBS 2005-C3 SWAN LAKE APARTMENTS LLC**

(Name of limited liability company)

**DELAWARE**

(Jurisdiction of its organization)

**DECEMBER 17, 2010**

(Date registered with Florida Department of State)

**M10000005607**

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.



(Signature of authorized representative)

**ROBIN KYLE, AUTHORIZED PERSON**

(Typed or printed name of signee)

FILED  
14 MAY 30 PM 4:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**