

M11000001781

Florida Department of State
Division of Corporations
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To:

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

From:

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

2012 APR 20 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC DISSOLUTION OR WITHDRAWAL
FLORIDA ORLANDO CARLYLE LLC**

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

T. CLINE

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EXAMINER

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Orlando Carlyle 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:

Lou Ann Morse
(Name of Person)

c/o Aspen Square Management, Inc.
(Firm/Company)

380 Union Street, Suite 300
(Address)

West Springfield, MA 01089
(City/State and Zip Code)

For further information concerning this matter, please call:

Lou Ann Morse at 413 439-6381
(Name of Person) (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 &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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

Florida Orlando Carlyle LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M11000001781

(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.

380 Union St., Suite 300

(Mailing address)

West Springfield, MA 01089

(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)

John Harrison
Assistant Treasurer

Jeffrey M. Strole
Assistant Vice President

(Typed or printed name of signee)

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2012 APR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00