# M11000002246

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900249407119

07/02/13--01020--003 \*\*60.00

FILEU
2013 JUL -2 MII: 55
SECRETARY OF STATE
SECRETARY OF STATE

## n. .

#### **COVER LETTER**

TO: Registration Division o	on Section f Corporations			
SUBJECT: BRIC	CKELL BAYVIEW INVEST	FORS, LLC preign Limited Liability	Company)	<del></del>
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	s matter to the followin	g:	
MICHAEL J. GIBE	BONS			
	(Name of Person)		_	
BRICKELL BAYV	IEW INVESTORS, LLC			TAS !
	(Firm/Company)		_	ECR.
CORPORATION	RUST CENTER, 1209 OR	ANGE ST		WASSE
	(Address)		_	in an
WILMINGTON, D	E 19801			LOR
	(City/State and Zip Coo	de)	<u></u>	DA DA
For further informat	ion concerning this matter, p	olease call:		
CHRISTOPHER C	ног	212 at (	278-9432	
(N	ame of Person)	(Area Code &	& Daytime Telephone Number)	<del></del>
Registration Division of Clifton Bui 2661 Execu	Corporations	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

### . **.** ...

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

BRICKELL BAYVIEW INVESTORS, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
M11000002246
(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.
1166 AVENUE OF THE AMERICAS, 25TH FLOOR
(Mailing address)
NEW YORK, NY 10036
(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)  MICHAEL J. GIBBONS  (Typed or printed name of signee)

Filing Fee: \$25.00