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D. BRUCE

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EXAMINER

COVER LETTER

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, # 40	

· TO:

Registration Section Division of Corporations

SURJECT: GA	I UI Venice	Plaza LLC			:
Sebulor.	(Name of For	reign Limited Liability C	ompany)		!
					:
Dear Sir or Madam:					
The enclosed withdra	wal and fee(s) are submitte	ed for filing.			
Please return all corre	spondence concerning this	matter to the following:			
					:
	(Name of Person)	l war			
clo	ORA Advisors	L.A.C.			
	(Firm/Company)				72
220	Fast H2nd (Address)	Street 27th	FL.	LÄHASSEE, FLORIDA	12 JAN 30
	(Address)				0
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	(City/State and Zip Cod	le)		SH	<u>ന</u>
For further information	on concerning this matter, p	please call:		N	-
Drdira	Negon	at (697 - 4740 Daytime Telephone Number)		
(Nai	me of Person)	(Area Code &	Daytime Telephone Number)		
STREET/Co Registration Division of C		Registr	ING ADDRESS: ation Section n of Corporations		
Clifton Build 2661 Execut	- '		ox 6327 Issee, Florida 32314		i
Enclosed is a check f	or the following amount:	:	1 •		
\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status &		

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

GJI UI Venice Plaza LLC (Name of limited liability company)	;
(Name of limited liability company)	,
(Jurisdiction of its organization)	
M 11 00000 30 64	
(Florida Document Number)	:
This limited liability company is no longer transacting business in Florida and suauthority to transact business in this state.	irrenders its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florid 210 East Alad Sty 27th FL. New York, NY 10017 (Mailing address)	t service on based on a la.
(Mailing address)	:
(8.4.15.4.4.17)	· -
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the further change in its mailing address. (Signature of member or authorized expresentative of a member) Sean Mane Aproximately (Typed or printed name of signee)	ture of any 12 JAN 30 F

Filing Fee: \$25.00