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(Re	questor's Name)	
(Ad	dress)	
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B. BOSTICK SEP 1 0 2013

EXAMINER

COVER LETTER

TO:	Registration S Division of C				
SUBJEC	CT: Magno	olia Terrace GP, LLC		· · · · · · · · · · · · · · · · · · ·	
		(Name of For	eign Limited Liability C	company)	
Dear Sir	or Madam:				
The encl	osed withdray	val and fee(s) are submitte	d for filing.		
Please re	eturn all corres	spondence concerning this	matter to the following	:	
Scott C	Crossfield				
		(Name of Person)			
BSR 1	Γrust, LLC				
		(Firm/Company)			
105 T	allapoosa	St Ste 300			2013 SEP -9
		•			AFT.
Montg	omery, AL				Sg &
		(City/State and Zip Cod	e)		79 2
For furth	her information	n concerning this matter, p	elease call:		4 3: 23
Scott	Crossfield		at (334	954-4458	
	(Nan	ne of Person)		Daytime Telephone Number)	
	Registration S Division of C Clifton Build 2661 Executi	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclose	d is a check f	or the following amount:			
☑ \$25 F	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

Magnolia Terrace GP, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M11000003844
(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.
105 Tallapoosa St Ste 300 (Mailing address)
Montgomery, AL 36104
(City/State/Zip) (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)
Scott Crossfield
(Typed or printed name of signee)

Filing Fee: \$25.00