

Division of Corporations Electronic Filing Cover Sheet

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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

LLC DISSOLUTION OR WITHDRAWAL THE IVY APARTMENTS, LLC

Certificate of Status	0
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Page Count	03
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ARIANY OF STATE
ANASSEE, FLORIDA

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EXAMINER

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Corporate Filing Menu

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COVER LETTER

	ration Section on of Corporations		•
	PLIE () AV ADABTAMENTO	110	
SUBJECT: _	THE IVY APARTMENTS	reign Limited Liability	Company
	(118110 01)	see the second	oemhan)
Dear Sir or Me	danı:		
The enclosed v	vithdrawal and fee(s) are submitt	ed for filing.	
Please return a	l correspondence concerning this	s matter to the following	ß
Cyndee Do	naldson Clancy		-
	(Nume of Person)		
Lewis and	Roca LLP		
	(Firm/Company)		
40 N Centr	al Ave		
	(Address)		•
Phoenix, A	rízona 85004		
	(City/State and Zip Co	de)	•
For further infe	ermation concerning this matter,	please call:	
Cyndee Do	naldson Clancy	at (602	√262- 5 370
<u></u>	(Name of Person)		Daytime Telephone Number)
	ET/COURIER ADDRESS:		ING ADDRESS:
-	ration Section on of Corporations		ration Section on of Corporations
	Building		lox 6327
	Executive Center Circle	Tallah	assee, Florida 32314
Tallai	assee, Florida 32301		
Enclosed is a	heck for the following amount	7. 2.	
🗅 \$25 Filing F	ce \$30 Filing Fee & Certificate of Status	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

THE IVY APARTMENTS, LLC	
(Name of limited liability company)	7
> • • • • • • • • • • • • • • • • • • •	
DELAWARE	<u> </u>
(Jurisdiction of its organization)	- 6
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M12000003775	خشا
(Florida Document Number)	1
This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based o cause of action arising during the time it was authorized to transact business in Florida.	ion n a
3715 Northside Parkway NW, Suite 4-600	
(Mailing address)	
Atlanta, Georgia 30327	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of a change in its mailing address.	any
Glern D. Forcusci	
(Signature of member or authorized representative of a member)	
Glenn D. Forcucci	
(Typed or printed name of signer)	

Filing Fee: \$25.00

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