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B. BOSTICK
NOV 2 6 2013
EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT: Cin	nmarone Gol	f Managem	nent, LLC		
	(Name of For	eign Limited Liability (Company)		_
Dear Sir or Madam:					
	wal and fee(s) are submitte	d for filing			
	espondence concerning this	_			
riease return an cons	espondence concerning this	matter to the following	•		
Eileen La	CV				
	(Name of Person)				
D.W. 0	0 16 1 1 0				
Billy Casp	per Golf, LLC	; 			
	(Firm/Company)				
8300 Boo	ne Blvd. SU	ITE 350			
	(Address)		•	ĮĄ.	(C)
Vienna, V	'A 22182			LL A	AON \$197
	(City/State and Zip Cod	le)	•	15.55 15.55	123 123
For further information	on concerning this matter, p	ilease call:			Pri
		702	761 1111	7.0	ယုံ
Eileen La		at (703	, <mark>761-1444</mark>	<u> </u>	- 80
(Na	me of Person)	(Area Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration	Section Corporations	Registration Section Division of Corporations			
Clifton Buil		P.O. Box 6327			
2661 Execu	tive Center Circle Florida 32301	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

Cimarrone Golf Management, LLC
(Name of limited liability company)
Virginia
(Jurisdiction of its organization)
M1200006753
(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.
8300 Boone Blvd. Suite 350 (Mailing address)
Vienna, VA 22182
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) Peter M. Hill
(Typed or printed name of signee)

Filing Fee: \$25.00