HIZODOBAKS

1 (Re	(Requestor's Name)	
(Ād	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
JUN - 7 2013		
L. SELLERS		

Office Use Only



800248484938

06/03/13--01004--016 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations				
_{suвјест:} Calusa Greer	, LLC			
SCEGECT:	f Foreign Limited Liability	Company)		
Dear Sir or Madam:				
•	mitted for filling			
The enclosed withdrawal and fee(s) are sub-	-			
Please return all correspondence concerning	this matter to the following	; :		
Geri Waksler				
(Name of Person)		-		
McCrory Law Firm		_		
(Firm/Company)				
150 Laishley Ct. Sui	ite 122			
(Address)	122	-		
Punta Gorda, FL 33	950			
(City/State and Zip				
For further information concerning this matter, please call:				
Geri Waksler	941 <u>at (</u>	205-1122		
(Name of Person)	(Area Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAII	ING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee		assee, Florida 32314		
Tallahassee, Florida 32301				
Enclosed is a check for the following amount	unt:			
■ \$25 Filing Fee	us \$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

Calusa Green, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M1200006943
(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.
1801 Shreve St. Suite 112
(Mailing address)
Punta Gorda, FL 33950
(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) Bruce L. Laishley
(Typed or printed name of signee)

FILED
JUN-3 PH 3:31

Filing Fee: \$25.00