

M13000000932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

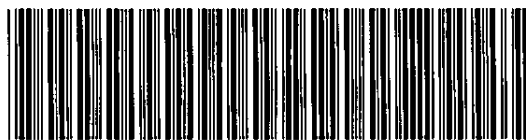
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

RECEIVED
13 NOV 27 AM 9:43
STATE OF NEW YORK
DEPT. OF STATE

J. Stivers DEC 09 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 899990 8027A

AUTHORIZATION :

COST LIMIT : \$ 25

Spuddean

ORDER DATE : November 26, 2013

ORDER TIME : 5:26 PM

ORDER NO. : 899990-005

CUSTOMER NO: 8027A

FOREIGN FILINGS

NAME: TBL SARASOTA LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Harry B. Davis - EXT# 2926

EXAMINER: _____

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FILED
MILWAUKEE, WIS
U.S. DEPT. OF COMMERCE

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

TBL Sarasota LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M13000000932

(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.

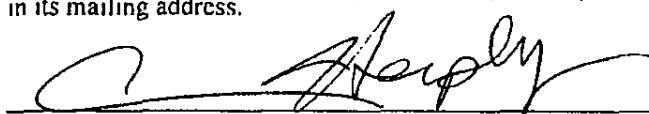
200 East Long Lake Road, Suite 300

(Mailing address)

Bloomfield Hills, MI 48304

(City/State/Zip)

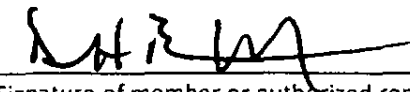
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Chris B. Heaphy, authorized representative

(Typed or printed name of signee)



(Signature of member or authorized representative of a member)

David H. Baldauf, authorized representative

(Typed or printed name of signee)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00