

August 1, 2000

400003347544--9 -08/07/00--01098--002 \*\*\*\*\*25,00 \*\*\*\*\*\*25.00

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

OAMCO XVI, L.L.C.

Dear Sir or Madam:

M95-15

Enclosed please find an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for the above-referenced entity along with a check in the amount of \$25.00 in payment of the filing fee.

Please call me at (301) 961-3528 if you have any questions.

Thank you for your assistance.

Very truly yours,

Mary Ann Ewers Legal Assistant

Enclosures

00 AUG -7 PH 2: 08
SECRETARY OF STATE

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

| OAMC   | O XVI,                                | L.L.C.  | ame of limite                                  | d liability                    | COMpany)                           |                             |                              |                               |
|--|---------------------------------------|---|--|--------------------------------|------------------------------------|-----------------------------|------------------------------|-------------------------------|
|  |                                       | £14.  | attic of matica                                | и паопіку                      | сошрану/                           |                             |                              |                               |
|  | **** D.II                             |   | ,  |                                |                                    |                             |                              |                               |
| DELA   | WARE                                  |   | <u> </u>                                       |                                |                                    |                             | <del> </del>                 |                               |
|  |                                       | (   | Jurisdiction o                                 | f its orga                     | nization)                          |                             |                              |                               |
| This limited liabi   | lity compa                            | nv is no lon                                    | ger transaci                                   | ting bus                       | iness in F                         | orida and s                 | urrenders its                | authority to                  |
| ransact business   | m this state                          | ₽.  |  |                                |                                    |                             |                              |                               |
| This limited liable and appoints the library the time it     | lity compa<br>Departmen<br>was author | ny revokes t<br>t of State as<br>rized to trans | the authority<br>its agent for<br>sact busines | y of its<br>or services in Flo | registered<br>ce of proce<br>rida. | agent to acc<br>ss based on | cept service of a cause of a | on its behal<br>ction arising |
|  | 7200                                  | Wiscons   | in AVei  | nue.                           | #1100                              | Attn:                       | Office                       | of                            |
| <del></del>  | 1200                                  | WIBCOIL   | (Maili   | ng addres                      | is)                                |                             | Genera                       | l Couns                       |
|  |                                       |   |  |                                |                                    |                             |                              |                               |
|  | Bethe                                 | sda, Ma   | ryland   | 2081                           | . 4                                |                             |                              |                               |
| <del></del>  |                                       |   | (City  | /State/Zip                     | )                                  |                             |                              |                               |
|  |                                       |   |  |                                |                                    |                             |                              |                               |
| mailing address.   |                                       | ny agrees to                                    | notify the                                     | Departi                        | ment of St                         | ate in the fu               | ture of any                  | change in it                  |
| mailing address.  Dated 8                                    | /1/00                                 | ny agrees to                                    | notify the                                     | Departi                        | ment of St                         | , · · · <del>·</del> ·      |                              |                               |
| mailing address.  Dated 8                                    | /1/00                                 | ny agrees to                                    | notify the                                     | Departi                        | nent of St                         | , · · · <del>·</del> ·      | ture of any                  |                               |
| mailing address.  Dated 8  Signatures of all                 | /1/00                                 |   |  | Departi                        | ,                                  | Typed                       | or printed na                | me                            |
| mailing address.  Dated 8  Signatures of all                 | /1/00                                 | ny agrees to                                    |  | <del> </del>                   | ,                                  | Typed                       |                              | me                            |
| mailing address.  Dated 8 Signatures of all  Mary Ann Ewer   | /1/00 members s, Assista              | ant Vice Pr                                     | -<br>esident                                   | <del> </del>                   | Qxfo                               | Typed                       | or printed na                | me<br>roup, Inc.              |
| mailing address.  Dated 8 Signatures of all Mary Ann Ewer    | /1/00 members s, Assista              | ant Vice Pr                                     | -<br>esident                                   | <del> </del>                   | Qxfo                               | Typed                       | or printed na                | me<br>roup, Inc.              |
| mailing address.  Dated 8 Signatures of all  Mary Ann Ewer   | /1/00 members s, Assista              | ant Vice Pr                                     | -<br>esident                                   | <del> </del>                   | Qxfo                               | Typed                       | or printed na                | me<br>roup, Inc.              |
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