## 194000000043

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000019164360

05/27/03--01058--003 \*\*25.00



MACO- DEPARTMENT OF THE 1:34

## **CT** CORPORATION

May 27, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5858745 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

LD Residual LLC (DE) Cancellation Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie\_Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 SECRETARY OF STATE

Page 1 of 1

A CCH LEGAL INFORMATION SERVICES COMPANY

LD Residual LLC

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

(Name of limited liability company)	7	
Delaware		
(Jurisdiction of its organization)		· <del></del>
This limited liability company is no longer transacting business in authority to transact business in this state.	r Florida and	surrenders its
This limited liability company revokes the authority of its registered a behalf and appoints the Department of State as its agent for service of action arising during the time it was authorized to transact business.	agent to accept of process bas s in Florida.	t service on its sed on a cause
c/o Louis Dreyfus Property Group Inc.; Attention: Corporate Secretz (Mailing address)	ury;	
(waning audiess)		
20 Westport Road; P.O. Box 810; Wilton, Connecticut 06897-0810 (City/State/Zip)		<del></del>
The limited liability company agrees to notify the Department of State in its mailing address.	e in the future	of any change
Dulse		O3 SEC TALL
(Signature of member or authorized representative of a member)	· <del></del> -	AHA T
David B. Shepherd, Authorized Person		127 1886
(Typed or printed name of signee)	A	mc,
	Pouliti -	FEO.
		RIDE RIDE
		ری کو

Filing Fee: \$25.00