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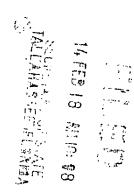
(Req	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
•		
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

-	istration Sectionsion of Corpo					
SUBJECT:	Merrill	Gardens	L.L.C.			
	-	(Name of For	reign Limited Liab	ility Con	npany)	
Dear Sir or M	1adam:					
The enclosed	withdrawal a	nd fee(s) are submitte	d for filing.			
Please return	all correspond	dence concerning this	matter to the follo	wing:		
Meliss	sa Koc	an				
		(Name of Person)				
Merrill	Garde	ens L.L.C.				
		(Firm/Company)		 -		
1938	Fairvie	w Ave. E	Ste. 300			
		(Address)				
Seattle	e, WA	98102				
-		(City/State and Zip Cod	le)			
For further information concerning this matter, please call:						
Dougl	as D. 🤄	Spear	_{3,} 206	, 6	676-5300	
-	(Name of	Person)	(Area Co	de & Day	ytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a	check for the	e following amount:				
■ \$25 Filing		30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy		\$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Merriii Garde	ens L.L.C.
···	(Name of limited liability company)
Washington	
	(Jurisdiction of its organization)
November 7	1006

November 7, 1996

(Date registered with Florida Department of State)

M96000000441

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.

(Signature of authorized representative)

Douglas D. Spear, SVP and CFO

(Typed or printed name of signee)

Filing Fee: \$25.00