

CT CORPORATION SYSTEM

CORPORATION(S) NAME

MA70000000006B3

Eildon Associates, LLC

0

9000004340309--7
-06/04/01--01014--035
*****25.00 *****25.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC Cancellation | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/4/01

Order#: 4418298

Ref#: _____

Amount: \$ _____

APPROVED
AND
FILED
01 JUN -4, PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2001 JUN -4, PM 1:15
TO AGENCY FOR KNOWLEDGE
SUFFICIENCY OF FILING
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
CB

CB
6-4-01

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

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

Eildon Associates LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

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.

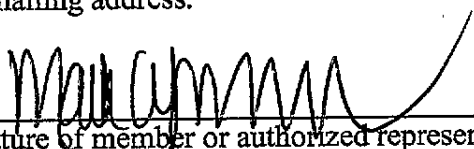
10552 Philadelphia Road

(Mailing address)

White Marsh, Maryland 21162

(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)

Mark Wagus, Senior Vice President

(Typed or printed name of signee)

RECEIVED
AND
FILED
01 JUN -4, PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00