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T. HAMPTON

APR 27 2011

EXAMINER

COVER LETTER

TO: Registration Division o	n Section f Corporations		
SUBJECT: PM C	Cordova Crossing Associates	, L.L.C.	
	(Name of For	reign Limited Liability (Company)
Dear Sir or Madam			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	:
Cynthia Slack			
	(Name of Person)		
c/o Cedarwood Dev	elopment, Inc. Legal Dept.		
	(Firm/Company)		
1765 Merriman Roa	ad		
	(Address)	·	
Akron, OH 44313			
	(City/State and Zip Cod	le)	
For further informat	ion concerning this matter, p	please call:	
Cynthia Slack		at (³³⁰)	836-9971, x4189
(1)	ame of Person)	(Area Code &	Daytime 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 following amount:		
□ \$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy

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

PM Cordova Crossing Associates, L.L.C.	
(Name of limited liability company)	
Ohio	
(Jurisdiction of its organization)	
M9700000766	
(Florida Document Number)	
This limited liability company is no longer transacting business authority to transact business in this state.	in Florida and surrenders its
This limited liability company revokes the authority of its registerits behalf and appoints the Department of State as its agent for cause of action arising during the time it was authorized to transactions.	red agent to accept service on service of process based on a t business in Florida.
1765 Merriman Road	
(Mailing address)	
Akron, OH 44313	
(City/State/Zip)	
The limited liability company agrees to notify the Department change in its mailing address. (Signature of member or authorized representative of a member)	ر آمان آمان
Alan W. Sponseller, Authorized Representative	- ISIO
(Typed or printed name of signee)	ISION OF COR

Filing Fee: \$25.00