M9100000849

(Requestor's Name)				
(Addr	ess)			
7633-				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
/Pugi	nosc Entity No.	mo)		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fi	ling Officer:			
1				
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<u>'</u>				

Office Use Only



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T. CLINE

NOV - 2 2010

EXAMILER

Ma1-849

COVER LETTER

TO: Registration S Division of C				
SUBJECT: Pledge	ed Property II LLO			
	(Name of Fo	oreign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdray	val and fee(s) are submitt	ed for filing.		
Please return all corres	spondence concerning thi	s matter to the followin	g:	
		·	,	
Shari Kushner				
Shari Kushiici	(Name of Person)	·	-	
	,			
c/o C-BASS LL	C			
C/O C-DA33 LL	(Firm/Company)	· 	_	
	(•
22535 11 4				
335 Madison Av		··-··	_	t >- -3
	(Address)			
New York, NY	10017			STORE BAY OF STATE
	(City/State and Zip Co	de)	-	To the last
		•		
For further information	n concerning this matter,	please call:		70.7
		•		
Shari Kushner	-	at (_212	850-7740	
(Nam	ne of Person)	(Area Code &	Daytime Telephone Number)	
			·	
Registration S	OURIER ADDRESS:		LING ADDRESS: tration Section	
Division of C			on of Corporations	
Clifton Buildi		P.O. Box 6327		
2661 Executiv	ve Center Circle	Tallahassee, Florida 32314		
Tallahassee, F	lorida 32301	•		
Enclosed is a check fo	or the following amount	:	,	
\$25 Filing Fee	\$30 Filing Fee &	\$55 Filing Fee &	\$60 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	;

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

4 4 m

Pledged Property II LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to acits behalf and appoints the Department of State as its agent for service of proceause of action arising during the time it was authorized to transact business in Flo	cept service on ess based on a orida.
335 Madison Avenue	
(Mailing address)	
New YOrk, NY 10017	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the change in its mailing address.	future of any
(Signature of member or authorized representative of a member)	Z** ***
Shari Kushner	
(Typed or printed name of signee)	NOV - I PH I: 3

Filing Fee: \$25.00