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Office Use Only

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TAD ProPerties LLC. (Name of corporation)
DOCUMENT NUMBER: M98 DDDDDDD499
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Blane P. Evans (Name of Person) MDA Hospitality Inc. (Firm/Jompany) 701 Lee Street Suite 1000 (Address) Des Plaines IL 60016 (City/State and Zip code)
For further information concerning this matter, please call: Blane P. Evans at (847) 803-DloDlo Ext 2144 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 27, 2004

BLANE P. EVANS MDA HOSPITALITY, INC. 701 LEE STREET, SUITE 1000 DES PLAINES, IL 60016

SUBJECT: TAD PROPERTIES, L.L.C.

Ref. Number: M98000000499

We have received your document for TAD PROPERTIES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to withdraw this Limited Liability Company from Florida, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 504A00027985

Michelle Hodges Document Specialist

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

TAD Properties L.L.C. (Name of limited liability company)	星小級人 高强强
De laware (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.	
701 Lee Street Suite 1000 (Mailing address)	il a Spārstējira
Des Plaines, IL 60016 (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)	, *** 37 34
Blane P Evans (Typed or printed name of signee)	a na sana
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Filing Fee: \$25.00