NorthStar

FILED 2002 MAY - I AM ID: 59 DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA 527 MADISON AVENUE 16TH FLOOR NEW YORK, NY 10022 T 212 319-7498 F 212 319-4557

April 30, 2002

## VIA Federal Express

Registration Section Division of Corporations 409 E. Gains St. Tallahassee, FL 32399

900005491229--1 -05/08/02--01025--004 \*\*\*\*\*25.00 \*\*\*\*\*\*25.00

Re: Withdrawal of Authority to Transact Business in Florida

Dear Sir or Madam:

The enclosed withdrawal applications and fees for the following entities are submitted for filing:

- (1) KollStar Holdings, LLC
  - KollStar Golf, LLC
  - 3) KollStar Hibiscus Golf Club, LLC
  - 4) KollStar Port Charlotte Golf Club, LLC
  - 5) KollStar Rolling Green Golf Club, LLC
  - 6) KollStar Sarasota Golf Club, LLC
  - 7) KollStar Sunrise Golf Club, LLC
  - 8) KollStar Tides Golf Club, LLC

Please return all correspondence concerning this matter to me at the following address:

NorthStar Capital Investment Corp. 527 Madison Ave. 16<sup>th</sup> Floor New York, New York 10022

If you have any questions, I may be reached at the above listed number. Thank you for your attention to this matter.

Very truly yours,

Neil Cohen

**Enclosures** 

JERYAN MAY 9 2002

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

KOLLSTAR HOLDINGS, 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.

C/O NORTHSTAR CAPITAL INVESTMENT CORP. 527 MADISON AVE., 16TH FL
(Mailing address)

NEW YORK, NEW YORK 10021

(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 of authorized representative of a member)

STEVEN B. KAUFF, AUTHORIZED PERSON

(Typed or printed name of signee)

Filing Fee: \$25.00