19800	0000724
00789-00524-00671	form with not Dis
(Requestor's Name)	
(Address)	
(Address)	800070183468
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/14/0601004012 **25.
(Business Entity Name) M98-724 (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: With	TALLAHAY SIL FL
	S & &

Office Use Only

M. HODGES

**25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2006

STANLEY R. GARRIS LAUDERDALE-REGENCY SQUARE, L.L.C. P.O. BOX 359 STUART, FL 34995

SUBJECT: LAUDERDALE-REGENCY SQUARE, L.L.C.

Ref. Number: M98000000724

We have received your document for LAUDERDALE-REGENCY SQUARE, L.L.C. and your check(s) totaling \$25.00. 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 foreign Limited Liability Company from Florida, the form submitted is to dissolve a Florida company.

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: 706A00026367

Michelle Hodges Document Specialist

Division of Cornorations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER			
	ration Section on of Corporations		
SUBJECT: _		gency Square, L.L.C	•
	(Name of Lin	nited Liability Company)	
The enclosed A	rticles of Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspondence concerning this matter	to the following:	
	Stanley R. Ga	arris	
	(t	lame of Person)	
		egency Square, L.L.	<u> </u>
	0	Firm/Company)	-
	P.O. Box 359	= ·	
		(Address)	
	Stuart, Flori	ida 34995	
		State and Zip Code)	
For further info	ormation concerning this matter, please c	ail:	
	Stanley R. Garris	at (772) 287-	1844
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a che	eck for the following amount:		
χ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:		RIER ADDRESS:
	Registration Section Division of Corporations	Registration Sec Division of Corp	
	P.O. Box 6327	Clifton Building	;
	Tallahassee, FL 32314	2661 Executive	Center Circle

Tallahassee, FL 32301

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

Filing Fee: \$25.00