## 000000093

ACCOUNT NO. :

072100000032

REFERENCE :

206313

7233280

AUTHORIZATION

COST LIMIT

ORDER DATE: June 29, 2001

ORDER TIME :

3:44 PM

ORDER NO. : 206313-030

CUSTOMER NO:

7233280

CUSTOMER: Ms. Merrilyn Lovelady

American Land Lease

29399 Us Highway 19 North

Suite 320

Clearwater, FL 33761-2137

## FOREIGN FILINGS

CAX CYPRESS GREENS II, L.L.C.

JMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

\_ CERTIFICATE OF STATUS

CONTACT PERSON: Angie Glisar - EXT# 1124 (bkc)

**EXAMINER:** 

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

| CAX CYPRESS GREENS II, L.L.C.  |                 |                           |
|--|-----------------|---------------------------|
| (Name of limited liability company)  | f               | <u> </u>                  |
| DELAWARE (Jurisdiction of its organization)  | <del></del>     |                           |
| This limited liability company is no longer transacting business in Florida and surrenders i authority to transact business in this state.   | its             |                           |
| This limited liability company revokes the authority of its registered agent to accept service on i behalf and appoints the Department of State as its agent for service of process based on a caus of action arising during the time it was authorized to transact business in Florida. | its<br>se       |                           |
| 29399 U.S. HIGHWAY 19 NORTH, SUITE 320 (Mailing address)   | , '             |                           |
| CLEARWATER, FLORIDA 33761 (City/State/Zip)   | ·               | e ja set e e              |
| The limited liability company agrees to notify the Department of State in the future of any chang in its mailing address.  | ge              |                           |
| (Signature d) member or authorized representative of a member)  JOSEPH W. GAYNOR   | SECRE<br>TALLAH |                           |
| (Typed or printed name of signee)  | ARY OF STATE    | APPROVITI<br>AND<br>FILED |

Filing Fee: \$25.00