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| Special Instructions to | Filing Officer: | | l |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|-----------------------------------|---------------------------------|
| SUBJECT: San Michele II LLC | | |
| | eign Limited Liabi | ility Company) |
| Dear Sir or Madam: | | |
| The enclosed withdrawal and fee(s) are submitte | ed for filing. | |
| Please return all correspondence concerning this | matter to the follo | wing: |
| Ashley I. Tewell | | |
| (Name of Person) | | |
| San Michele II LLC | | |
| (Firm/Company) | | |
| 2859 Paces Ferry Road., Suite 1450 | | |
| (Address) | | |
| Atlanta, GA 30339 | | |
| (City/State and Zip Cod | le) | |
| For further information concerning this matter, p | olease call: | |
| Ashley I. Tewell | at (770 |) 436-4600 |
| (Name of Person) | (Area Co | ode & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: | N | AAILING ADDRESS: |
| Registration Section | R | egistration Section |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Т | allahassee, Florida 32314 |
| Enclosed is a check for the following amount: | 1 | |
| \$25 Filing Fee \$\ \times \text{S30 Filing Fee & Certificate of Status} | \$55 Filing Fed Certified Copy | |

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

| San Michele II 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. | š |
| This limited liability company revokes the authority of its registered agent to accept service or 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. | l l |
| 2859 Paces Ferry Rd., Suite 1450 | |
| (Mailing address) | |
| | |
| Atlanta, GA 30339 | |
| (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) | / |
| . A I A I A I A I A I A I A I A I A I A | |
| Ashley I. Tewell | |
| (Typed or printed name of signee) AHASSEE, FLOR | FILED |

Filing Fee: \$25.00