

M99 000000 710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

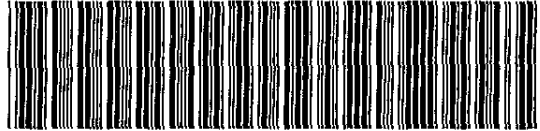
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/21/05
C. J. [Signature]

Hewitt

Hewitt Associates LLC
100 Half Day Road
Lincolnshire, IL 60069
Tel (847) 295-5000
Fax (847) 295-7634
www.hewitt.com

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August 31, 2005

Registration Section
Florida Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Subject: Hewitt Properties IV Withdrawal
File #M99000000710

Enclosed with this letter are the completed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida, and Check No. _____ in the amount of \$55.00 for the \$25.00 filing fee and the \$30.00 Certified Copy fee. I look forward to receiving the filed copy and Certificate.

If you have any questions or need additional information, please contact me at (847) 771-6851.

Sincerely,

Hewitt Properties IV LLC

Stevie Shoemaker

Stevie Shoemaker

Enclosures
UPS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Hewitt Properties IV LLC

(Name of limited liability company)

Illinois

(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.

100 Half Day Road; Attn: Stevie Shoemaker

(Mailing address)

Lincolnshire, Illinois 60069

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

C. Connolly III
(Signature of member or authorized representative of a member)

C. Lawrence Connolly III, Authorized Representative
(Typed or printed name of signee)

SECRET
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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