

M9900000864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

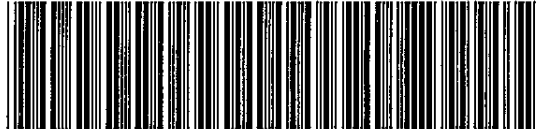
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600027469276

FILED

04 FEB 19 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 FEB 19 PM 4:21

JEFFREY
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 450273 4321791
AUTHORIZATION : *Patricia Pajaro*
COST LIMIT : \$ 25.00

FILED
04 FEB 19 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 19, 2004
ORDER TIME : 3:18 PM
ORDER NO. : 450273-020
CUSTOMER NO: 4321791
CUSTOMER: Marsha Fincher
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

FOREIGN FILINGS

NAME: HARBOUR POINTE, L.L.C.

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER: _____

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

FILED
04 FEB 19 10 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARBOUR POINTE, L.L.C.
(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 The Related Companies, L.P., 625 Madison Avenue
(Mailing address)

New York, NY 10022
(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)

Michael R. Orbison, Authorized Representative
(Typed or printed name of signee)

Filing Fee: \$25.00