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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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ZUUS MAY IB PM I: ZU SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jefferson Commons - WLB GP LLC		
(Name of Foreign Limited Liability Company)		
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
	•	
(Name of Person)		
JPI		
(Firm/Company)		
·	•	
600 E. LAS COLINAS BLVD STE 1800		
(Address)		
IDVINIC TV 75020		
IRVING, TX 75039 (City/State and Zip Code)		
(,		
For further information concerning this matter, please call:		
Name of Clark	972 、556-1700	
Nancy Clark at (area Code & Daytime Telephone Number)	
(rance or reson)	cour de des muit receptione reminer;	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	• • • • • • • • • • • • • • • • • • • •	
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee,		
Certificate of Status Certificate	d Copy Certificate of Status & Certified Copy	

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

Jefferson Commons - WLB GP 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.
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.
600 E. LAS COLINAS BLVD STE 1800 (Mailing address)
IRVING, TX 75039 (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) Thomas F. Kavanagh Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00

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SECRETARY OF STATE
AND ASSETS OF ORIDI