

M99000001516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

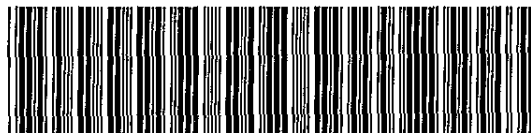
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 MAR -5 PM 2:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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J. BRYAN MAR 6 2003

CT CORPORATION

March 5, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

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2003 MAR -5 PM 2:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Order #: 5800391 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

CPRK Forest Place, LLC (DE)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

CPRK-FOREST PLACE, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

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TALLAHASSEE, FLORIDA

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.

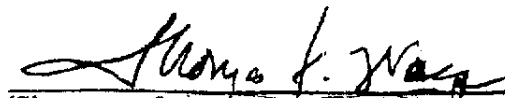
7200 WISCONSIN AVENUE, SUITE 901

(Mailing address)

BETHESDA, MD 20814

(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 K. WASP

(Typed or printed name of signee)

Filing Fee: \$25.00