

M 99 00000 1616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

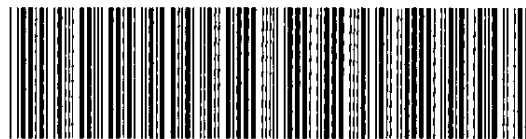
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800161437138

RECEIVED
09 NOV -5 PM 1:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -5 PM 4:17

B. KOHR

NOV 5 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 179541 4355376

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 5, 2009

ORDER TIME : 12:49 PM

ORDER NO. : 179541-005

CUSTOMER NO: 4355376

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -5 PM 4:17

FOREIGN FILINGS

NAME: WEST POINTE LAND, L.L.C.

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER: _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -5 PM 4:17

West Pointe Land, 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.

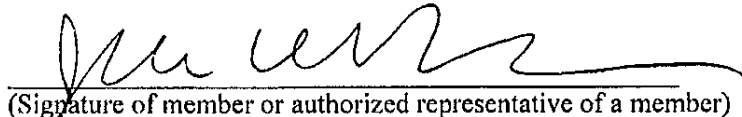
71 South Wacker Drive, 47th Floor

(Mailing address)

Chicago, Illinois 60606

(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)

John Kevin Poorman, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00