## M94000001979

(Requestor's Name)  ALLIANCE  COMMERCIAL PARTNERS  165 South Union 8Ivd. I Suite 510: Lakewood. CO 80228  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
ALLIANCE  COMMERCIAL PARTNERS  165 South Union Blvd. I Suite 510 i Lakewood. CO 80228  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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## FOA 1000 NORTH ORLANDO DRIVE LLC

165 South Union Boulevard I Suite 510 I Lakewood, CO 80228 (303) 986 2222 phone I (303) 986 7990 fax

June 17, 2005

Registration Section Division of Corporations P.O. Box 6327 Tallahasse, FL 32314

RE: FOA 1000 North Orlando Drive LLC

To Whom It May Concern:

Enclosed please find one (1) original Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for FOA 1000 North Orlando Drive LLC for filing with your office. Also enclosed is a check for \$25.00 for the filing fee.

Please do not hesitate to call if you have any questions.

Sincerely

Douglas McCormick

Enclosure

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

FOA 1000 North Orlando Drive 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.
165 South Union Boulevard, Suite 510
(Mailing address)
Lakewood, CO 80228
(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)  Douglas McCormick
Typed or printed name of signee)
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Filing Fee: \$25.00