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D. BRUCE NOV 1 0 2010 EXAMINER

COVER LETTER

Division of	Corporations					
SUBJECT: FOA	Tampa, LLC					
		reign Limited Liability	Company)			
Dear Sir or Madam:						
The enclosed withdr	rawal and fee(s) are submitte	ed for filing.				
Please return all corr	respondence concerning this	s matter to the following	3.			
Douglas McCor	·mick					
	(Name of Person)		-			
c/o Alliance Co	mmercial Partners, l	LC.				
	(Firm/Company)		-			
165 South Unio	on Boulevard, Suite (510		Sim	10	
	(Address)			≥.	10 NOV -	مارندس. در
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Lakewood, CO	80228		•	SSS	9	-
	(City/State and Zip Cod	le)	-	E.O.	ъ	,
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For further informati	ion concerning this matter, p	olease call:		ORID ORID	:: : : :	U
Douglas McCo	rmick	303	v 986-2222	۵	_	
	ame of Person)	at (303	<i>.</i> /			
(14)	ame of Person)	(Area Code &	Daytime Telephone Number)			
STREET/C	COURIER ADDRESS:	MAIL	ING ADDRESS:			
Registration			ration Section			
	Corporations	Division of Corporations				
Clifton Buil			P.O. Box 6327			
	itive Center Circle , Florida 32301	Tallah	assee, Florida 32314			
Enclosed is a check	for the following amount:					
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status &			

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

OA Tampa, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M9900001986
(Florida Document Number)
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 ts 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) ANOV-9 PH 1-50 ROLL SEE, FLORIDE Typed or printed name of signee)

Filing Fee: \$25.00