M030003319

(Requ	estor's Name)	
(Addre	ess)		
(Addre	ess)		
(City/s	State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ness Entity Na	ime)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Fil	ing Officer:		
DB		DB	

Office Use Only



600106878816

08/03/07--01035--004 **25.00

07 AUG -3 AMII: 12
SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration Section Division of Corporations	•			
SUBJECT: MetroStar Capital, LLC			_	
(Name of Foreign I	Limited Liability Company)		_	
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted for	filing.		•	٠
Please return all correspondence concerning this matte	er to the following:	•		
William D. Allen				
(Name of Person)				
MetroStar Capital, LLC		ĪĀS	0	
(Firm/Company)		ECRE	7 AU	
222 SW Columbia, Suite 1000		TARY OF STATE	AUG -3	
(Address)		0F S	AM	
Portland, OR 97201		TATE	AM 1: 12	Sec. 2
(City/State and Zip Code)		D	. •	
For further information concerning this matter, please	call:			
Wendy O'Riley	at (_503) 219-0683		····	
(Name of Person)	(Area Code & Daytime Telephone Numbe	r)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:	·			
	55 Filing Fee & \$\ \$\ \$\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ Filing Fee, ertified Copy \$\$ \$\$ Certificate of Status Certified Copy	&		

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

MetroStar Capital, EC
, (Name of limited liability company)
Oregon
(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 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.
222 SW Columbia, Suite 1000
(Mailing address)
Portland, OR 97201
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
The state of the s
Signature of member or authorized representative of a member) Robert Hingst
Typed or printed name of signee) ASSE OF THE PROPERTY OF THE
LORIDO

Filing Fee: \$25.00