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(Requestor's Name)
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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Columbia Really Group, LLC	
(Name of Foreign Limited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Juhn K Sullivan	
(Name of Person)	
BBL Development	
(Firm/Company)	~
302 Washinston Are Ext (Address)	2006 AUG 24 AM 10: 28
(Address)	324
Albuny, Ny 12203 (City/State and Zip Code)	2
(City/State and Zip Code)	Ü
For further information concerning this matter, please call:	28
Tim Piccioccd at (518) 640-6407 e 4193 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS: Parietartian Section	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\$30 Filing Fee \$\$ \$55 Filing Fee \$\$ Certificate of Status \$\$ Certified Copy \$\$ Certified Copy	

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

Columbia Realty Group, LLC	, .
(Name of limited liability company)	
Estero, Lee County	
(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.	
302 Washington Are Ext (Mailing address)	
Albuny, NY 12203 (City/State/Zip)	SE(
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	FILED CRETARY OF CRETARY OF
(Signature of member of authorized representative of a member)	D STATE
John K. Sullivan	7

Filing Fee: \$25.00

(Typed or printed name of signee)