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SECHETARY OF STATE

C. LEWIS

MAR 3 0 2009

EXAMINER

COVER LETTER

TO:

TO: Registration Section	
Division of Corporations	
SUBJECT: Capital Resources Group, LLC	
	Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for	or filing.
Please return all correspondence concerning this ma	tter to the following:
Maren Mooney	
(Name of Person)	
The Meitz Company	
The Weitz Company (Firm/Company)	
(TimbCompany)	
400 Locust Street, Suite 300	
(Address)	
Des Moines, IA 50309	· v ·
(City/State and Zip Code)	
(,,	
For further information concerning this matter, please	se call:
Maren Mooney	at (515) 698-4269
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status &
	Certified Copy

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

Capital Resources Group, LLC

(Name of limited liability company)	
10wa No 10000000147	
(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.	
400 Locust Street, Suite 300 (Mailing address)	
(iviaining address)	
Des Moines, IA 50309	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
205-Rej	
(Signature of member or authorized representative of a member)	
David S. Strutt, Manager	
(Typed or printed name of signee)	

Filing Fee: \$25.00