

MO1000002511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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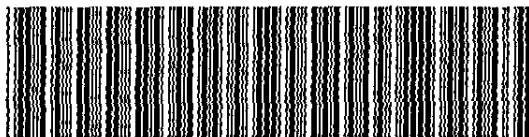
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAY 30 2003



7200 Wisconsin Avenue, 11th Floor  
Bethesda, Maryland 20814-4815  
Telephone: (301) 654-3100  
Facsimile: (301) 654-9154

May 22, 2003

***VIA FEDERAL EXPRESS:***

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Withdraw Authority of Foreign LLC:  
ORFG Operations, L.L.C.

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Gentlemen and Ladies:

I have enclosed a completed Withdrawal Application for ORFG Operations, L.L.C., together with a check in the amount of \$55, representing the following: (i) filing fee of \$25, and (ii) \$30 fee for a certified copy.

Please mail the certified copy and acknowledgement to the undersigned at the address shown at the top of this letter.

If you have any questions or require additional information, I can be reached at (301) 961-3601. Thank you for your attention to this matter.

Very truly yours,

Marc B. Abrams  
General Counsel

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

ORFG Operations, L.L.C.  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

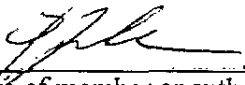
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

7200 Wisconsin Ave., #1100  
(Mailing address)

Bethesda, MD 20814  
(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)

Leo E. Zickler, Member  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

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