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- (Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: BOMASADA INVESTMENT GRO		
	(Name of Foreign Li	mited Liability C	ompany)
Dear Sir	r or Madam:		
The enc	losed withdrawal and fee(s) are submitted for fi	ling.	
Please re	eturn all correspondence concerning this matter	to the following:	
JOHN	N L. GILBERT		
	(Name of Person)	. ,	
BOMA	ASADA INVESTMENT GROUP II,	LLC	
	(Firm/Company)		
8980	LAKES AT 610 DRIVE, SUITE 20 (Address)	00	
HOUS	STON, TEXAS 77054		
	(City/State and Zip Code)		
For furth	her information concerning this matter, please c	all:	
JOHN	L. GILBERT	_{at (} 713)	668-6886
	(Name of Person)		Daytime Telephone Number)
	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	
Enclose	d is a check for the following amount:		
□\$25 F		5 Filing Fee & rtified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

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

BOMASADA INVESTMENT GROUP II, LLC
(Name of limited liability company)
FLORIDA
(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.
8980 LAKES AT 610 DRIVE, SUITE 200 (Mailing address)
(waiting address)
HOUSTON, TEXAS 77096
(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)
JOHN L. GILBERT
(Typed or printed name of signee) ALLAHASS ARETAK

Filing Fee: \$25.00