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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations BIR-OP McNab SUB, L.L.C. (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: Jessica Rhodes (Name of Person) c/o The Berkshire Group, Attn: Legal (Firm/Company) One Beacon Street, Suite 1500 (Address) Boston, MA 02108 (City/State and Zip Code) For further information concerning this matter, please call: at (_617____ Jessica Rhodes (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & \$60 Filing Fee, \$30 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

Certified Copy

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

BIR-OP McNab SUB, 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.
c/o The Berkshire Group, Attn: Legal, One Beacon Street, Suite 1500 (Mailing address) Boston, MA 02108 (City/State/Zip) C/o The Berkshire Group, Attn: Legal, One Beacon Street, Suite 1500 APR - 9 CRITICAL SECULATION OF STATE OF STAT
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) Mary Beth Bloom, Secretary (Typed or printed name of signee)

Filing Fee: \$25.00