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C. LEWIS

AUG 1 0 2009

EXAMINER

* COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:SMA Alliances, LLC		
(Name of Foreign L	imited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for f	iling.	
Please return all correspondence concerning this matter	to the following:	
Ann M. Cummings		
(Name of Person)		
Magner.Network, LLC		
(Firm/Company)		
3414 Peachtree Road Suite 1020 Mor	narch Plaza	
(Address)		
Atlanta GA 30326		
(City/State and Zip Code)		
For further information concerning this matter, please of	call:	
Ann M. Cummings	at (678) 244-7434	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
	5 Filing Fee & S60 Filing Fee, rtified Copy Certificate of Status & Certified Copy	

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

SMA Alliances, LLC MD306	0000 2449
(Name of limited liability company)	
Georgia	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Floriauthority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business	t to accept service on f process based on a s in Florida.
3414 Peachtree Road Suite 1020 Monarch Plaza (Mailing address)	
Atlanta GA 30326	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State change in its mailing address. (Signa. are of member or authorized representative of a member)	in the future of any
Richard E. Magner	7 c 20
(Typed or printed name of signee)	MIN AUG-7 PH 1-114 SECRETARY OF STATE TALLAHASSEE, FLORI

Filing Fee: \$25.00