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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C'ROW RIVER RANCH, 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:
WILLIAM C. POTTER (Name of Person)
WILLIAM C. POTTER, ATTORNEY, P.L. (Firm/Company)
3305 CALLE DEL MAR (Address)
MELBOURNE, FL 32904 (City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM C. POTTER at (321) 723-6625 (Name of Person) (Area Code & 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
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \tag{\$\$30 Filing Fee & \tag{\$\$55 Filing Fee & \tag{\$\$60 Filing Fee,} \tag{\$\$Certificate of Status & \tag{\$\$Certified Copy} \tag{\$\$Certified Copy} \tag{\$\$Certified Copy}

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

CROW RIVER RANCH, L.C.	
(Name of limited liability company)	·
MONTANA	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to accits behalf and appoints the Department of State as its agent for service of proceause of action arising during the time it was authorized to transact business in Flo	cept service on ess based on a orida.
3305 CALLE DEL MAR	
(Mailing address)	
MELBOURNE FL 32904 (City/State/Zip)	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the change in its mailing address.	: future of any
(Signature of member or authorized representative of a member)	
STEVEN J. MORGAN	
(Typed or printed name of signee)	06 SEI
	JAN Care Lah
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Filing Fee: \$25.00