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SECRETARY OF STATE ALLAHASSEE, FLORIDA

DEC 28 AH 9:

COVER LETTER

Division of Corporations		
SUBJECT: CRLP Metrowest LLC		
	mited Liability Company)	*** ** *******************************
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for fi	ling.	
Please return all correspondence concerning this matter	to the following:	
Sidney T. Philips		
(Name of Person)		
Leitman, Siegal & Payne, P.C.		7 (
(Firm/Company)		OE DEC SECRET TALLAHA
600 North 20th Street, Suite 400		· · · · · · · · · · · · · · · · · · ·
(Address)	······································	3 AM 9: Y OF STA: EE. FLORI
Birmingham, AL 35203	•	AM 9: 38 OF STATE FLORIDA
(City/State and Zip Code)		⊅''' o`
For further information concerning this matter, please c	all:	
Sidney T. Philips	at 205 251-590	0
(Name of Person)	(Area Code & Daytime Teleph	one Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, Florida 3	ons
Enclosed is a check for the following amount:		•
	5 Filing Fee & \$\infty\$ \$60 Filing rtified Copy \$\infty\$ Certificate \$\infty\$	of Status &

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

Florida	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida a authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent to its behalf and appoints the Department of State as its agent for service of precause of action arising during the time it was authorized to transact business in	
2101 6th Avenue, Suite 750	28 AM 9: 36 ARY OF STATE SSEE. FLORIDA
(Mailing address)	AH 9: OF STA
Birmingham, AL 35203	36 IDA
(City/State/Zip)	

Filing Fee: \$25.00

(Signature of member of authorized representative of a member)

(Typed or printed name of signee)