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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations			
SUBJECT: CRLP Brickell LLC			
	eign Limited Liabilit	y Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted	l for filing.		
Please return all correspondence concerning this	matter to the followi	ing:	
Sidney T. Philips			
(Name of Person)			
Leitman Siegel & Boyne B.C			
Leitman, Siegal & Payne, P.C. (Firm/Company)		_	
600 North 20th Street, Suite 400		<u> </u>	
(Address)			06 St. NA.
Birmingham, AL 35203			FIL 06 OEC 28 SECPETARY PALLAMASSEE
(City/State and Zip Code	:)	_	\$3 2 T
			FILED 28 AM
For further information concerning this matter, pl	ease call:		AM 9: 2 OF STATE FLORID
Sidney T. Philips	at (205	, 251-5900	9: 3 6 STATE ORIDA
(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	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following amount:			
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

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

CRLP Brickell 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.))
2101 6th Avenue, Suite 750	٠,
(Mailing address)	
Birmingham, AL 35203 (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 of authorized representative of a member)	
(Typed or printed name of signee)	

Filing Fee: \$25.00