(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(Bi	usiness Entity Name)			
(Document Number)				
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J. BRYAN 007 - 5' 2006

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Ohio Rive	r Acquisitions, LL (Name of For	C eign Limited Liability C	ompany)	
Dear Sir or Madam:				
The enclosed withdrawal a	and fee(s) are submitte	ed for filing.		
Please return all correspon	dence concerning this	matter to the following:		
Casey P. Walsh				
	(Name of Person)			
TVPX Acquisitions, Inc.				
<u> </u>	(Firm/Company)			;
9 Damonmill Squa	re, Suite 1A		-	
	(Address)			
Concord, MA 0174	12			
	(City/State and Zip Coo	le)		
m		1		
For further information co	ncerning this matter, j	piease cail:		
Casey P. Walsh		at (978)	610-1153	
(Name of	f Person)	(Area Code &	Daytime Telephone Number)	
	TEN ADDRESS.	8.# 4.¥¥.1	ING I DEDECC.	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Flor		i anana	5500, 1 1011ga 32314	
Enclosed is a check for t	he following amount	;		
✓ \$25 Filing Fee	\$30 Filing Fee &	\$55 Filing Fee &	S60 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

Ohio River Acquisitions, LLC
(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.
9 Damonmill Square, Suite 1A (Mailing address)
Concord, MA 01742 (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 or authorized representative of a member) PRESIDENT OF TYPY ACCUISITIONS, INC Tobias Kleitman MANAGING MEMBER
(Typed or printed name of signee) OF CORPTARY OF CORP

Filing Fee: \$25.00