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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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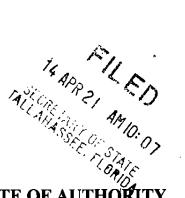
T. BROWN

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: C | LAPITAL RESC | ource Gr | POUP LLC |
|--|--|---|---|
| | (Name of For | eign Limited Liability (| Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | awal and fee(s) are submitted | d for filing. | |
| Please return all corr | espondence concerning this | matter to the following: | |
| CHEI | S R. GG (Name of Person) | DUEA | |
| CAPITOL | PESOVECE (Firm/Company) | GROUP | |
| P.O.80 | × 531076 (Address) | • | |
| DEBAR | (City/State and Zip Cod | 2753-107 | Ь |
| For further informati | on concerning this matter, p | lease call: | |
| CHRIS R | - GEDNEY | at (386 | 801-6546 |
| (N: | ame of Person) | | 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 | \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CAPITAL RESOURCE GROUP LLC (Name of limited liability company) |
|---|
| (Name of limited liability company) |
| NEW YORK (Jurisdiction of its organization) |
| (Jurisdiction of its organization) |
| MD 12,2006 |
| (Date registered with Florida Department of State) |
| M Ø b Ø Ø Ø Ø Ø 2 7 7 7 (Florida Document Number) |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) CHEIS R. GEDNEY |
| (Typed or printed name of signee) |

Filing Fee: \$25.00