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(Re	questor's Name)	
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09 FEB - 6 AM IO: 29
SECRETARY OF STATE

COVER LETTER

10:	Division of	f Corporations				
SUBJE	ст:С	reative Res	OUTCES Brok Oreign Limited Liabi	<u>(er Servic</u> lity Company)	es,LLC	<u></u>
	or Madam:					
The encl	losed withd	rawal and fee(s) are submit	ted for filing.			
Please re	eturn all cor	respondence concerning th	is matter to the follow	wing:		
No	<u>iomi (</u>	(Name of Person)				
<u>Cre</u>	ative_	Resources, Inc (Firm/Company)				
即使到一门机场。	$G_{i}M_{i}^{2}(\mathbb{R}^{3})=0$	(Address) (Address) (RI 02886440 (City/State and Zip Co	and making a something material with	기본((조원 등 시간 기본((조원 등 기본((조원 등 시간 기본((조원) (ন কার্যালয় সাক্ষ্য প্রকল্পের ।	esten og sykalistedering state engelige energi og der til en å år
For furth	er informat	ion concerning this matter,	please call:		,	
Nao		ame of Person)	at (<u>401</u> (Area Coo	<u>738-(</u> le & Daytime Tele	0070 phone Number)	
	Registration Division of Clifton Bui 2661 Execu	Corporations	Re Di P.0	AILING ADDR egistration Section vision of Corpor D. Box 6327 llahassee, Florid	n ations	
Enclosed	l is a check	for the following amount	•			
∑ 1\$25 F	iling Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy		ing Fee, ate of Status & d Copy	

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

Creative Resources Broker Services, LCC (Name of limited liability company)
Rhode Island (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.
250 Centerville Rd. Bldg. F2 (Mailing address)
Warwick RT 02886 (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 anthorized representative of a member)
Richard M. Spaziano (Typed or printed name of signee)
AM IO: 29

Filing Fee: \$25.00