

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
BAYRIDGE INVESTMENT PARTNERS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY RIDGE INVESTMENT PARTNERS, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRIS M. DAVIS
(Name of Person)

SENDELA
(Firm/Company)

901 S. MOBILE EXPR. II - 125
(Address)

AUSTIN, TX 78746
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS M. DAVIS at (512) 439 1198
(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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|--|

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BAYRIDGE INVESTMENT PARTNERS, LLC
(Name of limited liability company)

DELAWARE
(Jurisdiction of its organization)

2/6/2007
(Date registered with Florida Department of State)

MO7000000734
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

CHRIS M. DAVIS
(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00