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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AL

## **COVER LETTER**

TO: Registration Division of	Section Corporations				
SUBJECT: 20	07 CDC Manage	er, LLC eign Limited Liability	Compony		
•	(Name of For	eigh Linned Liability	Company)	•	
Dear Sir or Madam:		•			
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all corr	respondence concerning this	matter to the following	g:		
Joan Mani	na Upchurch (Name of Person)		-	2001 JI SECRI TALLA	71
Transom D	Development, In	C.	-	2001 JUL 13 F SECRETARY O TALLAHASSEE,	
8521 Six F	orks Road, Su	ite 200		P 1: 04 OF STATE E. FLORIDA	
rtaieign, it	(City/State and Zip Cod	le)	_		
For further informat	ion concerning this matter, p	olease call:			
	na Upchurch	at ( 919 (Area Code &	870-4713 Daytime Telephone Nu		
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 Sta Certified Copy	atus &	

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

2007 CDC Manager, LLC
(Name of limited liability company)
Georgia
(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.
8521 Six Forks Road, Suite 200 (Mailing address)
Raleigh, NC 27615 (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)  Aleta J. Hodges, VP, of CDC Manager, Inc., its Manager (Typed or printed name of signee)

Filing Fee: \$25.00