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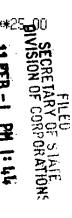
(Requestor's Name)
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COVER LETTER

Registration Section Division of Corporations

SUBJECT: RealCo	om Associates, LLC		
		reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	ed for filing.	
Please return all corre	espondence concerning this	s matter to the following	ž:
Tina Fields			
******	(Name of Person)		-
RealCom Associates,	LLC		
	(Firm/Company)		
14432 SE Eastgate W	'ay, Suite 260		
	(Address)		'
Bellevue, WA 98007	,		
	(City/State and Zip Coo	le)	·
For further information	on concerning this matter,	olease call:	
Tina Fields		at (⁴²⁵	274-4444 X130
(Nai	me of Person)		Daytime Telephone Number)
Registration Division of C Clifton Build 2661 Executi Tallahassee,	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		ration Section on of Corporations ox 6327
Enclosed is a check f	or 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

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

(Name of limited liability company)
State of Washington
(Jurisdiction of its organization)
M07000004792
(Florida Document Number)
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.
14432 SE Eastgate Way, Suite 260
(Mailing address)
Bellevue, WA 98007
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Alma -
(Signature of member or authorized representative of a member)
Rodman Hanson
(Typed or printed name of signee)

Filing Fee: \$25.00

RealCom Associates, LLC