## m07000005696

(Requ	estor's Name)			
(Addr	ess)			
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(City/S	State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
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## **COVER LETTER**

	ation Section in of Corporations		·	
	   CH MORTGAGE FUND IV , LL	.c		
SUBJECT:	(Name of For	eign Limited Liability C	Company)	
Dear Sir or Mad	lam:			
The enclosed w	thdrawal and fee(s) are submitted	d for filing.		
Please return all	   correspondence concerning this 	matter to the following:		
FRED S. RAZO	OK, JR.			
	(Name of Person)			
RCH CAPITAL	L, LLC			
	(Firm/Company)			
360 CENTRAI	AVENUE, SUITE 1220		.•	ر در .
	(Address)			•
ST. PETERSB	URG, FL 33701			1 3
	(City/State and Zip Cod	e)		- -
For further info	rmation concerning this matter, p	lease call:		
FRED S. RAZ	l DOK. JR.	727 821-600 at (		
	(Name of Person)		Daytime Telephone Number)	
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a c	l heck for the following amount: 			
■ \$25 Filing F	ee S30 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

RCH MORTG	AGE FUND IV, LLC		
	(Name of limited liability company)	<del>.</del>	<u></u>
DELAWARE			
	(Jurisdiction of its organization)		
9/21/2007			
	(Date registered with Florida Department of State)		
M07000005696			
	(Florida Document Number)		
This limited	  iability company is withdrawing its certificate of authority in this st 	tate.	
Effective Dat	e, if other than the date of filing:	(option	al)
	e date is listed, the date must be specific and cannot be prior to date days after filing.)	e of filing	or
Note: If the d	ate inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of		
ano date min	not be noted as the document of the diace on the Department of	State, 5 re	corus.
	Which them &	ر ۲	
	_ Sundiagna	دُ	
	(Signature of authorized representative)		;
			•
	FRED S. RAZOOK, JR.	வ	
	(Typed or printed name of signee)		

Filing Fee: \$25.00