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## **COVER LETTER**

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covi	ER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Hunter Roberts Construction Gr (Name of Foreign	oup, L.L.C. Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for	
Please return all correspondence concerning this matter	ter to the following:
Lisa K. Howlett	
(Name of Person)	
Hunter Roberts Construction Group, L.L.C.	
(Firm/Company)	
2 World Financial Center, 6th Floor	
(Address)	
New York, New York 10281	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Lisa K. Howlett	at (212 ) 321-6950
(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:	
□ \$25 Filing Fee □\$30 Filing Fee & □	\$55 Filing Fee & 🗵 \$60 Filing Fee,

Certified Copy

Certificate of Status

Certificate of Status &

Certified Copy

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

Hunter Roberts Construction Group, L.L.C.  (Name of limited liability company)
Hunter Roberts Construction Group, L.L.C.
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M08000002893
(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 ts 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.
2 World Financial Center, 6th Floor
(Mailing address)
New York, New York, 10281
(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 authorized representative of a member)
John Alicandri, Chief Operating Officer and Secretary
Typed or printed name of signee)

Filing Fee: \$25.00