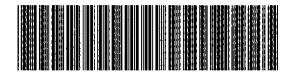
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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S. HAWKES

SEP 2 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	TALLAH, LLC		
	(Name of For	eign Limited Liability Co	ompany)
Dear Sir or Madam:			
The enclosed withdrawal a	nd fee(s) are submitte	d for filing.	
Please return all correspond	dence concerning this	matter to the following:	
	TEVE E. CAMP		
•	(Name of Person)		
CAPITAL GRO	OWTH BUCHAL	TER, INC.	
•	(Firm/Company)		
	BLVD. STE. 11	0	
•	(Address)		
BIRMINGHAM	И, ALABAMA 35	243	
(City/State and Zip Code	e)	
For further information con	cerning this matter, p	lease call:	
STEVE E CAMP		at (205)	968-9220
(Name of	Person)	(Area Code & D	aytime Telephone Number)
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Cor Tallahassee, Florid	n Registration Section Division of Corporations P.O. Box 6327 Enter Circle Tallahassee, Florida 32314		tion Section of Corporations x 6327
Enclosed is a check for the	e following amount:		
	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

TALLAH, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
MD800002980
(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.
361 SUMMIT BLVD. STE. 110
(Mailing address)
BIRMINGHAM, ALABAMA 35243
(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)
(Signature of member or author Ized representative of a member)
STEVE E. CAMP, CFO
(Typed or printed name of signee)

Filing Fee: \$25.00