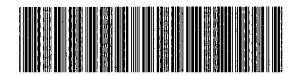
## MU80000 4454

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
<u></u>
. (Document Number)
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Chicago Office: 211 West Wacker Drive • Suite 1800 • Chicago, IL 60606 • p 312-345-9033 • f 312-332-9915
New York Office: 12 Desbrosses Street • New York, NY 10013 • p 646-723-0671 • f 212-226-7186
www.arabellaadvisors.com • info@arabellaadvisors.com

July 8, 2009

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom it May Concern:

Arabella Philanthropic Investment Advisors, LLC, FEIN 20-4995650, would like to withdraw the authority of a foreign limited liability company from the State of Florida.

Enclosed with this letter is check number 2191, in the amount of \$25, for the withdrawal fee as well as the application for LLC withdrawal.

Thank you for your efforts to close this account. Please contact Rachael Raab at 202-595-1021 or rachael@arabellaadvisors.com with any questions.

Sincerely,

Brian Kathman

Chief Operating Officer

Enclosure

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	ct: Arabella Philanthropic Inve	estment Advisors LLC	
	(Name of Fo	oreign Limited Liability Company)	
Dear Sir	or Madam:		
The encl	osed withdrawal and fee(s) are submitt	ted for filing.	3
Please re	turn all correspondence concerning thi	is matter to the following:	اللاق
Racha	ael Raab		2 Q
1100110	(Name of Person)		
Arabe	lla Philanthropic Investment (Firm/Company)	Advisors LLC	RIUA
734 1	5th St., NW, Suite 600		
	(Address)		
Washi	ngton, DC 20005		
	(City/State and Zip Co	ode)	
For furth	er information concerning this matter,	, please call:	
Racha	ael Raab	at ( 202 ) 595-1021	
	(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	
Enclose	d is a check for the following amount	at:	
<b>₹</b> \$25 F	iling Fee \$\ \tag{\$30 Filing Fee & Certificate of Status}	\$55 Filing Fee & \$60 Filing Fee, Certified Copy 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)
Virginia	
	(Jurisdiction of its organization)
This limi authority	ted liability company is no longer transacting business in Florida and surrenders its to transact business in this state.
This limi its behalf cause of a	ted liability company revokes the authority of its registered agent to accept service on and appoints the Department of State as its agent for service of process based on a action arising during the time it was authorized to transact business in Florida.
	734 15th St., NW, Suite 600
	(Mailing address)
	Washington, DC 20005
	(City/State/Zip)
The limit change in	ted liability company agrees to notify the Department of State in the future of any a its mailing address.
	R-F-Ka
(Signatur	e of member or authorized representative of a member)
Brian F	. Kathman
(Typed o	r printed name of signee)

Filing Fee: \$25.00