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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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	236 East 6th Avenue. Tallahassee, Florida 32303	
INC.	P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 22	2-1666
_	WALK IN	
	PICK UP: 6-13-14	
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(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

Registration Section

TO:

Divisio	n of Corporations						
SUBJECT:	ORVUS OF NEW ORLE	ANS LLC					
(Name of Foreign Limited Liability Company)							
Dear Sir or Mad	am;						
The enclosed wi	thdrawal and fee(s) are submitted	for filing.					
Please return all	correspondence concerning this	matter to the follow	ing:				
LEANA GUZ	ZMAN						
	(Name of Person)						
REGISTERI	ED AGENT SOLUTIONS	, INC.					
	(Firm/Company)	,	_				
1701 DIREC	CTORS BLVD., SUITE 30	00					
	(Address)						
AUSTIN, TX	(78747						
	(City/State and Zip Code	e)					
For further infor	mation concerning this matter, p	lease call:					
LEANA GUZ	ZMAN	888 at (705-7274				
	(Name of Person)		c & Daytime Telephone Number)				
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section in of Corporations Building executive Center Circle ssee, Florida 32301	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
Enclosed is a cl	eck for the following amount:						
□ \$25 Filing Fe	c 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

CORVUS O	F NEW ORLEANS LLC			
	(Name of limited liability company)			—
DELAWAR				
	(Jurisdiction of its organization)			
07/16/2009				
	(Date registered with Florida Department of State)	· · · · · · · · · · · · · · · · · · ·		
M09000002	761			
	(Florida Document Number)		<u> </u>	
This limited l	iability company is withdrawing its certificate of authority in this	state.		
	(Signature of authorized representative)			
	Brennen Randquist, AUTHORIZED PERSON			
	(Typed or printed name of signee)	A CECTANT OF STATE ALL AHASSEE FLORID	16 JUN 13 AM 7: 20	31 - 32 22 32 34 34 34 34 34 34 34 34 34 34 34 34 34

Filing Fee: \$25.00