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| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

C. LEWIS

JAN 3 1 2012

EXAMINER

COVER LETTER

| TO: Registration Division of | Section Corporations | | |
|--|--|--------------------------------------|---|
| SUBJECT: | GAIUT (Name of Fo | Conway Cropreign Limited Liability (| SSING LAC |
| | (1.4.1.0 | orgin immou is a sorring of | , , , , , , , , , , , , , , , , , , , |
| Dear Sir or Madam: | | | |
| The enclosed withdra | awal and fee(s) are submitte | ed for filing. | |
| Please return all corr | espondence concerning this | matter to the following | : |
| | Indira Necy (Name of Person) | W | |
| <u> </u> | RA Advisors (Firm/Company) | LLC | |
| | (Firm/Company) | | |
| 220 F | CIST Hand Stree (Address) | et, 27th FL. | |
| New | Tork NY 101 (City/State and Zip Cod | ۰. ٦ | |
| | (City/State and Zip Cod | le) | |
| For further informati | on concerning this matter, p | please call: | |
| Ind | isi Marma | | 692 - 4242 |
| (Na | ume of Person) | (Area Code & | Daytime Telephone Number) |
| | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section | | | |
| | Corporations | Division of Corporations | |
| Clifton Buil | | P.O. Box 6327 | |
| 2661 Execu | tive Center Circle Florida 32301 | Tallaha | assee, Florida 32314 |
| Enclosed is a check | for the following amount: | | |
| \$25 Filing Fee | ■ \$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

| | ALECRETAN 30 PASSEC PLANS IN |
|---|--|
| (Name of limited liability company) | 4N |
| (Name of limited hability company) | Million of the state of the sta |
| X 1 | MASA, M |
| Jelaware (Jurisdiction of its organization) | — " " " " " " " " " " " " " " " " " " " |
| (| 1037 |
| M 11 00000 30 63 | · |
| (Florida Document Number) | |
| This limited liability company is no longer transacting business in Florida and surrende authority to transact business in this state. | rs its |
| This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based cause of action arising during the time it was authorized to transact business in Florida. | ce on on a |
| CIOBRA Advisors LLC | 1 |
| 220 East Hand Street 27th FL. (Mailing address) | • |
| (Mailing address) | |
| | · |
| new York, NY 10017 (City/State/Zip) | |
| (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State in the future of change in its mailing address. | f any |
| mmer ans | |
| (Signature of member or authorized representative of a member) | |
| Jean Mane Apruzzese | j |
| (Typed or printed name of signee) SECRETARY ALLAHASSE | 2012 JAN 30 |
| <u>n</u> e | |

Filing Fee: \$25.00