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${\color{blue} \mathbf{COVER}} \underset{\scriptscriptstyle /}{\mathbf{LETTER}}$

TO: Registration Section Division of Corporations	is.
SUBJECT: Leverage Bu	of Foreign Limited Liability Company)
) (Nam	of Foreign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are s	bmitted for filing.
Please return all correspondence concern	ng this matter to the following:
Michael C. Crus	npler, P.A.
Law Offices of Michae (Firm/Company	rel C. Crumpler, P.A.
2574 Park Street	-
Jacksonville, FL 3. (City/State and	2204 Zip Code)
For further information concerning this n	atter, please call:
Robert Mullis	at (<u>919</u>) 235-8610
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRE	
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following a	nount:
\$25 Filing Fee \$30 Filing Fee Certificate of \$	& \$\sum \\$55 \text{ Filing Fee & \$\sum \\$60 \text{ Filing Fee,} \\ \text{Certified Copy} \text{Certified Copy} \\ \text{Certified Copy}

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Filing Fee: \$25.00