Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL ROGERS REALTY ADVISORS, LLC

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COVER LETTER

	gistration vision of	Section Corporations		
SUBJECT:	Rogers	Realty Advisors, LLC		
	***************************************	(Name of Fo	oreign Limited Liabil	ity Company)
Dear Sir or I	Madam:			
The enclosed	d withdra	wal and fee(s) are submitt	ed for filing.	
Please return	n all corre	espondence concerning thi	s matter to the follow	ring:
Julia S. Baro	d			
		(Name of Person)		
Rogers Real	lty Advis	ors, LLC		
******		(Firm/Company)		
10900 Nuck	ols Rd., S	Suite 200		
		(Address)		
Glen Allen,	VA 2300	60		
		(City/State and Zip Cod	de)	Medicani di
For further in	rformatio	n concerning this matter, p	olease call:	•
Julia Bard			804	290-7900
	(Nar	ne of Person)	at (e & Daytime Telephone Number)
Reg Divi Cliff 266 Tall:	istration lision of C lon Build I Executi ahassee, I	Corporations	Red Div P.C Tal	AILING ADDRESS: gistration Section vision of Corporations 0. Box 6327 lahassee, Florida 32314
3 \$25 Filing		□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	Certificate of Status & Certificate Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rogers Realty Advisors, LLC
(Name of limited liability company)
Virginia
(Jurisdiction of its organization)
6/23/15
(Date registered with Florida Department of State)
M15000004965
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signatura of authorized representative)
Louis J. Rogers
(Typed or printed name of signee)

Filing Fee: \$25.00