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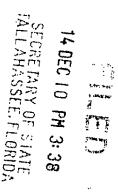
•						
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

	Registration Division of	Section Corporations		
SUBJEC		BM ONE LLC		
SUBSEC	· · · · · · · · · · · · · · · · · · ·	(Name of Fo	reign Limited Liabi	ility Company)
Dear Sir o	or Madam:			
The enclo	sed withdra	awal and fee(s) are submitte	d for filing.	
Please ret	urn all corr	espondence concerning this	matter to the follow	wing:
Julia M	I. Fuson			
		(Name of Person)		
Clarion	Partner	S		
		(Firm/Company)		
1717 M	/lcKinney	Avenue, Suite 1900		
		(Address)		
Dallas,	TX 752	02		
		(City/State and Zip Coo	le)	·····
For furthe	er informati	on concerning this matter, p	blease call:	
Julia M	l. Fuson	•	214 at (775-7611
	(Na	nme of Person)		ode & 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		
Enclosed ✓ \$25 Fil		for the following amount: \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	CBM ONE LLC			
	(Name of limited liability company)			
	Delaware			
	(Jurisdiction of its organization)			
	12/15/1988			
	(Date registered with Florida Department of State)			
	M98000001518			
	(Florida Document Number)			
This limited lial	bility company is withdrawing its certificate of authority in this	state.		
- -	(Signature of authorized representative) John M. Norris, Authorized Signatory	SECRI TALLAI	14 01	
	(Typed or printed name of signee)	ETARY OF STAIL HASSEE, FLORID	DEC 10 PM 3: 49	Estation of the state of the st

Filing Fee: \$25.00