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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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ACCOUNT NO. : I2000000195 REFERENCE: 460689 4304847 AUTHORIZATION COST LIMIT ORDER DATE: January 14, 2015 ORDER TIME : 3:28 PM ORDER NO. : 460689-005 CUSTOMER NO: 4304847 FOREIGN FILINGS NAME: REALTY ASSOCIATES ADVISORS LLC CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

	sistration Section ision of Corporations		
	·		
SUBJECT:	Realty Associates Advisors LLC	reign Limited Liability	Commoni
	(Name of Po	reign Limited Drabinty	Company)
Dear Sir or N		-^	
The enclosed	I withdrawal and fee(s) are submitte	ed for filing.	
	all correspondence concerning this	•	•
	g		,
Michael Bru	no		
	(Name of Person)		-
Realty Asso	ciates Advisors LLC		
	(Firm/Company)		•
Goodwin Pr	octer LLP, 53 State Street		
	(Address)		•
Boston, MA	02109		
•	(City/State and Zip Cod	le)	•
For further in	formation concerning this matter, p	lease call:	
Michael Bru	no	617	570-8352
	(Name of Person)	at ( (Area Code &	)
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314	
	ahassee, Florida 32301	I anan	assee, Florida 32314
Enclosed is a	check for the following amount:		
□ \$25 Filing I		□ \$55 Filing Fee &	□ \$60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Realty Associates Advisors LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
04/06/1999
(Date registered with Florida Department of State)
M9900000509
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Siral 2 Dalaysle (Signature of authorized representative)
Scott L. Dalrymple  (Typed or printed name of signee)

Filing Fee: \$25.00