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(Address)

(City/State/Zip/Phone #)

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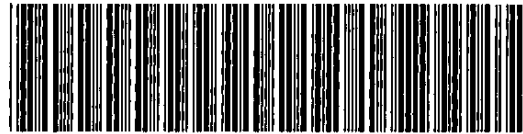
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CMI CAPITAL MARKET INVESTMENT LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MR. THOMAS ELLIOTT

(Name of Person)

CMI CAPITAL MARKET INVESTMENT LLC

(Firm/Company)

460 PARK AVENUE, 8TH FLOOR

(Address)

NEW YORK, NY 10022-1906

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS ELLIOTT

(Name of Person)

at ( 212 ) 593 3200

(Area Code & 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 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**

CMI CAPITAL MARKET INVESTMENT LLC

(Name of limited liability company)

NEW YORK

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

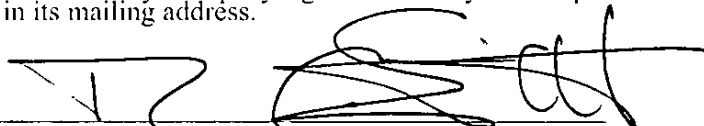
460 PARK AVENUE, 8TH FLOOR

(Mailing address)

NEW YORK, NY 10022-1906

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of member or authorized representative of a member)

THOMAS ELLIOTT

(Typed or printed name of signee)

**FILED**  
06 JUL 25 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00