

M04U00001461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

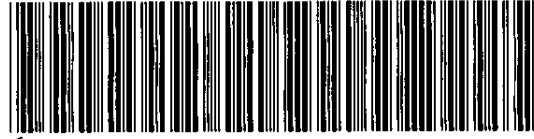
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 FEB 28 PM 4: 12
I AM APPROVED
BY THE SECRETARY
OF THE STATE
OF CONNECTICUT
SUPERVISOR OF FINING

B. KOHR
MAR - 1 2011
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 28 AM 9: 04



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 690978 7383342

AUTHORIZATION :

COST LIMIT : \$ 25.00

Spudde

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 28 AM 9:04

ORDER DATE : February 28, 2011

ORDER TIME : 3:47 PM

ORDER NO. : 690978-015

CUSTOMER NO: 7383342

FOREIGN FILINGS

NAME: FSA MEMBERSHIP SERVICES, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Jeanine Reynolds - EXT# 2933

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 28 AM 9:04

FSA MEMBERSHIP SERVICES, LLC
(Name of limited liability company)

DELAWARE
(Jurisdiction of its organization)

M0400000146
(Florida Document Number)

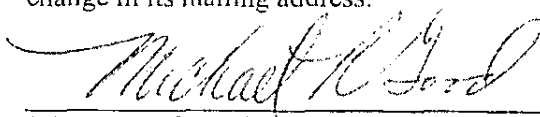
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

1 CAMPUS DRIVE
(Mailing address)

PARSIPPANY, NJ 07054
(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)

Michael R. Good, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00