

MD 70000006309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

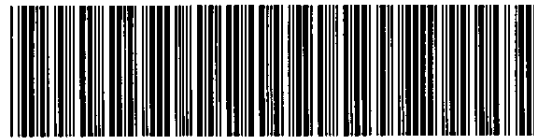
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

08 AUG 13 PM 1:09:13

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B. KOHR

AUG 13 2008

EXAMINER



CT
1203 Governors Square Blvd.
Suite 101
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

August 13, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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TALLAHASSEE, FLORIDA

Re: Order #: 70047532 WO
Customer Reference 1: None
Customer Reference 2: None

*Please file
Thanks!* **KSM**

Dear Department of State, Florida:

Please obtain the following:

CoActiv Capital Partners LLC (DE)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

August 13, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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Sincerely,

Christina McNeair
CI Operations Specialist
Christina.McNeair@wolterskluwer.com

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

CoActiv Capital Partners LLC
(Name of limited liability company)

Delaware
(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.

655 Business Center Drive
(Mailing address)

Horsham , PA 19044
(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)

Sidney Cohen
(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA