

M 0 8 0 0 0 0 0 2 4 0 4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

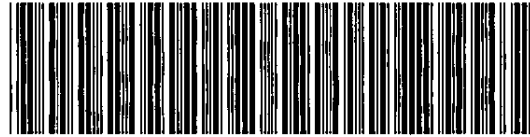
(Business Entity Name)

(Document Number)

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13 NOV -4 AM 10:12  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

Shivers NOV 05 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: Horizon Wi-Com LLC**  
Name of Limited Liability Company

**DOCUMENT NUMBER: M 08000002404**

The enclosed Application for Withdrawal for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Margaret Keast**  
Name of Person

**Horizon Wi-Com LLC**  
Name of Firm/Company

**204 South Union Street**  
Address

**Alexandria, VA 22314**  
City/State and Zip Code

**mkeast@tvllc.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Margaret Keast** at **(703) 519-3284**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$55.00.

13 NOV -4 PM 10:12  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**Horizon Wi-Corn LLC**

(Name of limited liability company)

**Delaware**

(Jurisdiction of its organization)

**M0800002404**

(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.

**204 South Union Street**

(Mailing address)

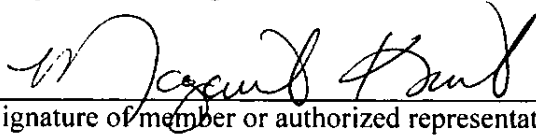
**Alexandria**

**VA**

**22314**

(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)

**Margaret Keast**

(Typed or printed name of signee)

FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
NOV - 14 AM 10:12

**Filing Fee: \$25.00**