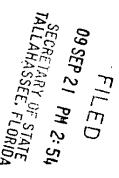
(Re	questor's Name)	
(Add	dress)	
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#### COVER LETTER

SUBJECT: Providea, Inc.	•
-	(Name of Corporation)
DOCUMENT NUMBER: F02000	001027
The enclosed withdrawal application	and fee are submitted for filing.
Please return all correspondence concermatter to the following:	rning this
Teri Bevan, Corporate	Secretary
	(Name of Person)
Providea Conferencing	g, LLC
	(Firm/Company)
1297 Flynn Road, Suit	te 100
	(Address)
Camarillo, CA 93012	
	(City/State and Zip code)
For further information concerning this	matter, please call:
Teri Bevan	<sub>at (</sub> 805 <sub>)</sub> 384-2408
(Name of Person)	(Area Code & Daytime Telephone Number

## **MAILING ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Providea, Inc.	
(Name of Corporation)	
F02000001027	
(Document Number of Corporation	(if known)
Delaware	
(Incorporated Under Laws of	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flori	based on a cause of action arising during the
The following is a current mailing address for the corporation:	09 Si SECR TALLA
1297 Flynn Road, Suite 100	FP 2
(Mailing Address)	PH 2: SEE. FLO
Camarillo, CA 93012	D STA LUR
(City/ State /Zip)	TE DA
The corporation agrees to notify the Department of State in the future	are of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	August 17, 2009
Teri Bevan	Corporate Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35