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ACCOUNT NO. : I2000000195 REFERENCE : 379877 7666144 AUTHORIZATION : COST LIMIT : ORDER DATE: November 17, 2014 ORDER TIME : 3:35 PM ORDER NO. : 379877-015 CUSTOMER NO: 7666144 FOREIGN FILINGS NAME: COLLABERA SOLUTIONS PRIVATE LIMITED XX CORPORATE ____ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF STATUS CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: (OLLABERA SC			TE LIMITED	
		(Name of Co	rporation)		
DOC	UMENT NUMBER:				
The e	nclosed withdrawal application and	fee are submitt	ted for filing	3.	
	e return all correspondence concerning to the following:	g this			
		(Name of Pe	erson)		
		(Firm/Comp	oany)		
		(Address	s) .		
	(1	City/State and 2	Zip code)		
For fu	orther information concerning this ma	tter, please call	l:		
		at ()		
Enclo	(Name of Person) sed is a check for the amount:	(/	Area Code &	¿ Daytime Telephone Number)	
\$3	5 Filing Fee \$\int \\$43.75 Filing Fee & Certificate of Status		opy l copy is	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclo	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		A: D: 26	FREET ADDRESS: mendment Section ivision of Corporations 661 Executive Center Circle allahassee, FL. 32301	

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

(DILABERA SOLUTIONS PRIVATE LIMITED (Name of Corporation)	_	
(Document Number of Corporation (if known)		
JN DIA (Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida voluntarily surrenders its authority to transact business or conduct affairs in Florida.	and hereby	
This corporation revokes the authority of its registered agent in Florida to accept service on its appoints the Department of State as its agent for service of process based on a cause of action arithe time it was authorized to transact business or conduct affairs in Florida.	sing during	
The following is a current mailing address for the corporation:	NOV 18	7
MORRISTOWN NJ 04360 (City/State /Zip)	SECRETARY OF STATE AT TALLAHASSEE. FLORIDA	
(Cify/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing as		
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)		
MR. N LAKSHMI MARAYANAN AVP-FIMANCE (Typed or printed name of person signing) (Title of person signing)	<u>-</u>	

FILING FEE \$35

COVER LETTER

	dment Section on of Corporations			
SUBJECT:	COLLABERA	SOLUTIONS (Name of Co		
DOCUMEN	Г NUMBER:			
The enclosed	withdrawal application	and fee are submit	tted for filing.	
Please return matter to the	all correspondence conce following:	erning this		
		(Name of Pe	erson)	
		(Firm/Comp	pany)	
		(Addres	ss)	
		(City/State and 2	Zip code)	
For further in	formation concerning thi	·		
Enclosed is a	(Name of Person) check for the amount:	at (Area Code & Daytime Telephone Number)	1
\$35 Filing	Fee \$43.75 Filing Fe Certificate of St		al copy is Copy (Additional copy is en	
	MAILING ADDRESS Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL.32314	-	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301	