## F100000000937

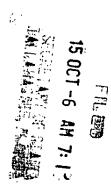
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificates	s of Status
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C LEWIEUX



October 5, 2015 Via Overnight Delivery

2600 Maitland Center Pkwy.

Suite 300 Maitland, FL 32751

P.O. Drawer 200 Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

tmi@tminc.com

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

Re:

deltathree, Inc.

Application for Certificate of Withdrawal

Dear Sir or Madam,

Enclosed, please find in duplicate the completed and signed Application for Certificate of Withdrawal and the required supporting documents submitted on behalf of deltathree, Inc. The remittance of the fees due in the amount of \$35.00 is enclosed.

Please acknowledge receipt of this filing by date stamping the extra copy of this application and cover letter and returning both to me in the self addressed stamped envelope provided.

Questions regarding this filing should be addressed to me at 407-740-3022 or via email at carner@tminc.com. I thank you for your assistance with this matter.

Sincerely.

**Charity Arner** 

Compliance Reporting Associate

Cc:

deltathree, Inc.

File:

deltathree, Inc. - SOS - FL

## COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: deltathree, Inc.	
·	ame of Corporation)
DOCUMENT NUMBER: F10000002	937
The enclosed withdrawal application and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
Charity Arner	
(N	ame of Person)
Technologies Manager	ment, Inc.
(F	irm/Company)
2600 Maitland Center I	Parkway, Suite 300
	(Address)
Maitland, FL 32751	
(City/S	State and Zip code)
For further information concerning this matter, p	please call:
Charity Arner	at (407 )740-3022
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
()	\$52.50 Filing Fee, Certified Copy Additional copy is Enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

deltathree, Inc.			
(Name of Corporation)		. ر	
F1000002937	•		
(Document Number of Corporation (if known)		-	
Delaware			
(Incorporated Under Laws of)		-	
This corporation is no longer transacting business or conducting affairs within the State of I voluntarily surrenders its authority to transact business or conduct affairs in Florida.			·
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of acthe time it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:	C.		
1 Bridge Plaza, Suite 275	<b>E</b> 92	5	
(Mailing Address)		130	-17
Fort Lee, NJ 07024		- 6-	FILE
(City/ State /Zip)		AM 7: 17	4
The corporation agrees to notify the Department of State in the future of any change in its ma	ailing add	iress.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)	<del></del>		_
Dave Gevanussian Pusident  (Typed or printed name of person signing)  (Title of person s	signing)		_