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(Re	equestor's Name)	-
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: PROFESIONALES EN C	OMUNICACION :	TELEFONICA SA DE CV	
	(Name of Corporatio	n)	
DOCUMENT NUMBER: F150000	00084	,	
The enclosed withdrawal application and for	ee are submitted for f	iling.	
Please return all correspondence concerning matter to the following:	this		
Manuel Campos			
(Name of Person)			
CG Abogados			
(Firm/Company)			
77 Harbor Drive PMB5			
	(Address)		
Key Biscayne, FL 3	3149		
(City/State and Zip code)			
For further information concerning this matte	er, please call:		
Manuel Campos	at (305)	981-6543	
(Name of Person) Enclosed is a check for the amount:		de & Daytime Telephone Number)	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified	
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

PROFESIONALES EN COMUNICACION	TELEFONICA SA DE CV CORP
(Name of Corporation)	······································
F1500000084	
(Document Number of Corporation	(if known)
Mexico	,
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proce the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
77 Harbor Drive PMB 5	
(Mailing Address)	MAR CORE
Key Biscayne, FL 33149	Propriet
(City/ State /Zip)	PORATION TO THE PORATION TO TH
The corporation agrees to notify the Department of State in the fut	ure of any change in its mailing address.
Illulli	3/20/2017
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Manuel Campos	Secretary
(Tuned or printed name of person signing)	(Title of person signing)