

M0000000000006

Wyle Systems, LLC

Requestor's Name

25 Hub Dr.

Address

Melville NY 11747

City/State/Zip

Phone #

MJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. M0000000000006 Withdrawal  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_ 000005183290  
(Corporation Name) (Document #) 02/19/02 -- 90029 -- 023
4. \_\_\_\_\_ \$25.00\*\* \$25.00  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
02 APR -2 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

February 20, 2002

*Michelle Hodges*

WYLE SYSTEMS, LLC  
25 HUB DR.  
MELVILLE, NY 11747

Subject: WYLE SYSTEMS, LLC

*Check was sent for withdrawal.*  
Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$25.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is a balance due of \$25.00.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/jg

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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02 APR - 2 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#M000000000006

Wyle Systems, LLC  
(Name of limited liability company)

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

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.

25 Hub Drive

(Mailing address)

Melville, NY 11747

(City/State/Zip)

Michael M. Cook

(Signature of member or authorized representative of a member)

Michael M. Casale

(Typed or printed name of signee)

FILED  
02 APR -2 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**