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SECRETARY OF STATE

FALLAHASSEF FLORINA

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December 23, 2002

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ONE LANDMARK SQUARE STAMFORD, CONNECTICUT 06901-2681 (203) 348-3737

150 N, MICHIGAN AVENUE CHICAGO, ILLINOIS 60601-7553 (312) 499-1400

945 EAST PACES FERRY ROAD ATLANTA, GEORGIA 30326-1380 (404) 923-9000

VIA OVERNIGHT MAIL

Department of State Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Carlson Technology Associates, LLC

Dear Sir/Madam:

Re:

I enclose for filing on behalf of Carlson Technology Associates, LLC, a Delaware limited liability company, (i) an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida and (ii) a check in the amount of \$25.00 in payment of the applicable fee.

Kindly acknowledge the receipt of this letter and the enclosures by date stamping the enclosed photocopy of this letter and returning them to me in the self-addressed stamped envelope provided.

If you should you have any questions or concerns with regard to the enclosed, please feel free to contact me at (617) 342-4000. Thank you in advance for your cooperation with this matter.

Very truly yours,

Christina A. Kelleher, Corporate Paralegal

Christme A Wellel

CAK:jmh Enclosures

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Carlson Technology Associates, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
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 action arising during the time it was authorized to transact business in Florida.
c/o Carlson Group, Inc. 17210 Campbell Rd., Suite 260 (Mailing address)
Dallas, TX 75252 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
_ Ma
(Signature of member or authorized representative of a member)
Michael Rosen
(Typed or printed name of signee)

Filing Fee: \$25.00