

M 00000000837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/04--01021--033 **25.00

01/29/04--01021--034 **30.00

BK

RECEIVED
04 JAN 29 AM 11:41
DIVISION OF CORPORATION
FILED
04 JAN 29 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM

660 East Jefferson Street

Tallahassee, FL 32301 January 29, 2004

Tel. 850 222 1092

Fax 850 222 7615

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 JAN 29 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6021104 SO
Customer Reference 1: 049600/2
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Associated Group, LLC (DE)
Cancellation
Florida

Associated Group, LLC (DE)
Obtain Document - Misc - Certified Copy of Withdrawal
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

CT CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 32301

Tel. 850 222 1092

Fax 850 222 7615

Sincerely,
Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

FILED
04 JAN 29 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
JAN 29 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Associated Group, 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 a cause of action arising during the time it was authorized to transact business in Florida.

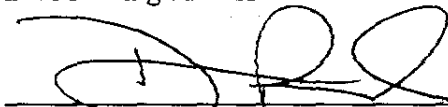
3 Bala Plaza East, Suite 502

(Mailing address)

Bala Cynwyd, PA 19004

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Deanna Ranck - Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00