

1700000000/001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

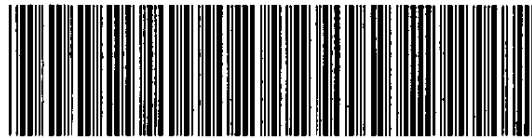
(Document Number)

Certified Copies 0000

Certificates of Status 0000

Special Instructions to Filing Officer:

Office Use Only



000161231190

10/08/09--01013--010 **30.00

FILED

09 OCT - 8 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATA LOOM LLC & DATA LOOM SOFTWARE LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Dennis
(Name of Person)

(Firm/Company)

10120 NW 68th Ct
(Address)

PARKLAND FL 33076
(City/State and Zip Code)

FILED
09 OCT - 8 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Teresa Dennis at (954) 292-5272
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

DATA LOOM LLC

(Name of limited liability company)

Delaware
Coral Springs, FL (Broward County)

(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.

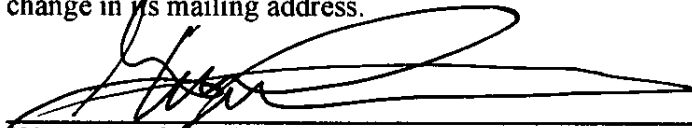
2825 N. UNIVERSITY DR, SUITE 240

(Mailing address)

CORAL SPRINGS FL 33076

(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)

Glenn Dennis

(Typed or printed name of signee)

FILED
09 OCT -8 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00