

#M00000001207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

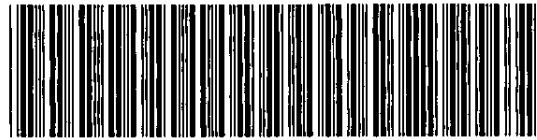
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 31 PM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 31 AM 10:47

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EXAMINER

FEB 3 2014

FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/31/14

NAME: SWITCH & DATA FL ONE LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SWITCH & DATA FL ONE 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:

Howard Horowitz

(Name of Person)

SWITCH & DATA FL ONE LLC

(Firm/Company)

One Lagoon Drive, 4th Floor

(Address)

Redwood City, CA 94065

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

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TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SWITCH & DATA FL ONE LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

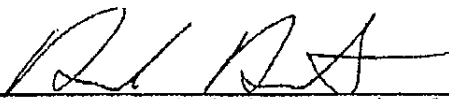
06/20/2000

(Date registered with Florida Department of State)

M000000001207

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.


(Signature of member or authorized representative of a member)

Howard Horowitz
(Typed or printed name of signee)

Filing Fee: \$25.00