

MU0000001247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

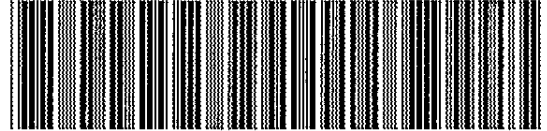
(Business Entity Name)

(Document Number)

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FILED

03 MAR 18 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B/K

RECEIVED
03 MAR 18 PM 1:09
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 969575 4392335
AUTHORIZATION : *Patricia Pizeto*
COST LIMIT : \$ 25.00

FILED
03 MAR 18 PM 1:08
SEALY, SCOTT & JEFFREY
TALLAHASSEE, FLORIDA

ORDER DATE : March 17, 2003

ORDER TIME : 11:56 AM

ORDER NO. : 969575-005

CUSTOMER NO: 4392335

CUSTOMER: Ms. Marian Gustafson
Kirkpatrick & Lockhart Llp
599 Lexington Avenue

New York, NY 10022-6030

FOREIGN FILINGS

NAME: ARTESYN COMMUNICATION
PRODUCTS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Sara Lea - EXT# 1114

EXAMINER: _____

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

FILED
MAR 18 PM 4:08
STATE
TALLAHASSEE, FLORIDA

ARTESYN COMMUNICATION PRODUCTS, 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.

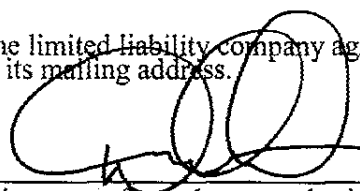
8310 Excelsior Drive

(Mailing address)

Madison, Wisconsin 53717

(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)

DAVID LIBOW
(Typed or printed name of signee)

Filing Fee: \$25.00