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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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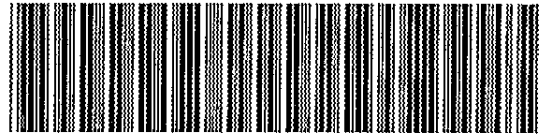
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Ronald Zacches GAVE
AUTHORIZATION BY PHONE TO
CORRECT name
DATE 10/10/03
LOC. EXAM 10/10/03



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 OCT -3 PM 3:58

FILED



Seagate Technology
920 Disc Drive
Scotts Valley, CA 95066
831) 439-2562
Fax (831) 438-8358

September 25, 2003

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

Subject: Application By Foreign LLC For Withdrawal of Authority To Transact
Business in Florida / ~~Certance LLC, FEIN: 77-0545899~~

Seagate Removable Storage 77-0545 900
Dear Sir or Madam: *solutions, LLC*

Enclosed please find the application & associated fees to withdraw authority to transact business in Florida for foreign limited liability company, Certance LLC. An additional fee of \$30.00 has been included in the filing fees in order to receive a certified copy of the proof of withdrawal.

Sincerely,

Ronald Zaccheo
Sr. Tax Director of Compliance

Ams

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

SEAGATE REMOVABLE STORAGE SOLUTIONS, 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.

920 Disc Drive

(Mailing address)

Scotts Valley, CA 95066

(City/State/Zip)

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

Michael D. Dox 8/27/03
(Signature of member or authorized representative of a member)

Michael D. Dox - Assistant Treasurer

(Typed or printed name of signee)

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TALLAHASSEE FLORIDA

Filing Fee: \$25.00