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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: KMC Funding V LLC (Name of Fo	oreign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitt	ted for filing.			
Please return all correspondence concerning this	is matter to the following	3:		
Scotty Amos				
(Name of Person)				
KMC Telecom				
(Firm/Company)				
1200 Route 22E				
(Address)		•	1. 2	
Bridgewater, NJ 08807			SECO SECO	4,50
(City/State and Zip Co		•	AE IN	=
•			-9 -9 -9	Ĭ
For further information concerning this matter,	please call:		PR OF]
Scotty Amos	at (318	, 550-3358	2006 HAY -9 PM 3: 0 SECRETARY OF STATE TALLAHASSEE. FLORIE	
(Name of Person)		Daytime Telephone Number)	35,	
y				
STREET/COURIER ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallah	assee, 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

KMC Funding V 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.
1200 Route 22E
(Mailing address)
Bridgewater, NJ 08807
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the fitting of any change in its mailing address.
(Signature of member or authorized representative of a member)
Robert F. Hagan
(Typed or printed name of signee)

Filing Fee: \$25.00