

MO100990 1086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

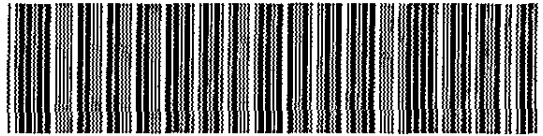
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02 NOV 14 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/15

MS



Patriot Communications LLC

November 7, 2002

Via Certified Mail

Florida Secretary of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Patriot Communications LLC  
Florida Filing Number M01000001086

FILED  
02 NOV 14 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

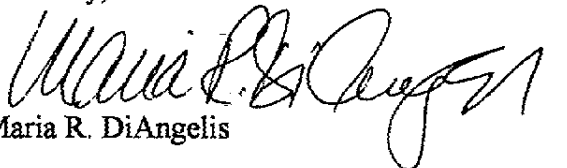
To Whom It May Concern:

Enclosed please find a completed Application for Withdrawal of Authority to Transact Business in Florida.

We are also enclosing a check in the amount of \$30.00 representing the required filing fee of \$25 and Certificate of Status fee of \$5.00.

Should anything additional be required please do not hesitate to contact the undersigned directly at 310 558-6765.

Sincerely,

  
Maria R. DiAngelis

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

**FILED**  
02 NOV 12 PM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Patriot Communications 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.

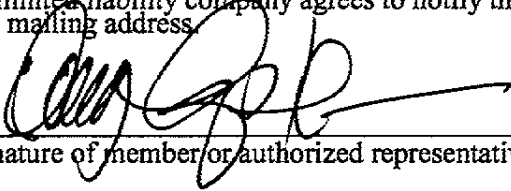
10441 W Jefferson Boulevard

\_\_\_\_\_  
(Mailing address)

Culver City, CA 90232-3512

\_\_\_\_\_  
(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)

Doug Livingston

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**