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## **COVER LETTER**

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TO: Registration Section Division of Corporations		FIL	ED
SUBJECT: KMC Telecom IX LLC (Name of For	eign Limited Liability	2006 MAY - 1 Company) - SECRETARY	P 4: 33
`		Company) TALLAHASSEE	Ur STATE
Dear Sir or Madam:			ДОПТО
The enclosed withdrawal and fee(s) are submitte	d for filing.		
Please return all correspondence concerning this	matter to the following	g:	
Scotty Amos			
(Name of Person)			
KMC Telecom			
(Firm/Company)			
1200 Route 22E			
(Address)		<del>-</del>	
Bridgewater, NJ 08807			
(City/State and Zip Code	e)	<del>-</del>	•
For further information concerning this matter, p	lease call:		
Scotty Amos	at ( 318	、550 <b>-</b> 3358	
(Name of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	Regis	LING ADDRESS: tration Section	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times \text{Solution}\$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

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KMC Telecom IX LLC SECRETARY OF STATE
(Name of limited liability company)  SECRETARY OF STATE  (Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based on 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 future of archange in its mailing address.
- Molan
(Signature of member or authorized representative of a member)
Robert F. Hagan
(Typed or printed name of signee)

Filing Fee: \$25.00