## M0100002124

(Requestor's Name)	
(Address)	
(Address)	• ,
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
MD1-2124 With	drawa 1



Office Use Only



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05/02/06--01027--020 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KMC Millennium LLC	_
(Name of Foreign Limited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scotty Amos	
(Name of Person)	
KMC Telecom	
(Firm/Company)	
1200 Route 22E (Address)	
Bridgewater, NJ 08807	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Scotty Amos at ( 318 ) 550-3358	_
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
✓\$25 Filing Fee \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$	

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

KMC Millennium 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 future of any change in its mailing address.
(Signature of member of authorized representative of a member)
Robert F. Hagan
(Typed or printed name of signee)
ét O

Filing Fee: \$25.00