

MO1000002125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

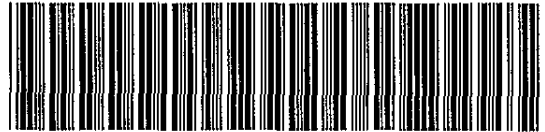
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 27 PM 3:03

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORDERCOM INTERNATIONAL
(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:

KIRBY NARINE
(Name of Person)

(Name of Person)

(Firm/Company)

P.O. Box 828061
(Address)

(Address)

PEMBROKE PINES, FL 33082-8061
(City/State and Zip Code)

(City/State and Zip Code)

For further information concerning this matter, please call:

KIRBY NARINE
(Name of Person)

(Name of Person)

at (954) 383 6212
(Area Code & Daytime Telephone Number)

(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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee & Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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06 MAR 27 PM 3:03
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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

BORDERCOM INTERNATIONAL 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.

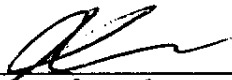
P.O. Box 828061

(Mailing address)

PEMBROKE PINES FL 33082-8061

(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)

KIRBY NARINE

(Typed or printed name of signee)

FILED
06 MAR 2006 PM 3:03
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

Filing Fee: \$25.00