

M02000000033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

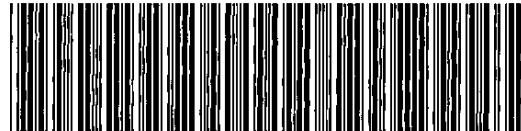
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR

JAN 30 2008

EXAMINER

RECEIVED
08 JAN 30 AM 11:25
FILED
08 JAN 30 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



a Walters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

January 30, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
08 JAN 30 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 7140264 SO
Customer Reference 1: Virtual Access
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Virtual Access Partners LLC (DE)
Withdrawal
Florida

Virtual Access Partners LLC (DE)
Obtain Document - Misc - Certified Copy of Withdrawal
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Please File 1st

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

FILED
08 JAN 30 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Virtual Access Partners, 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.

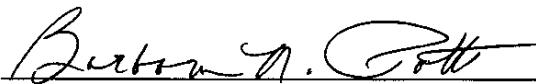
Barbara N. Potts, 2100 SouthBridge Parkway, Suite 650

(Mailing address)

Birmingham, AL 35209

(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)

Barbara N. Potts

(Typed or printed name of signee)

Filing Fee: \$25.00