

MOZ0000000721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

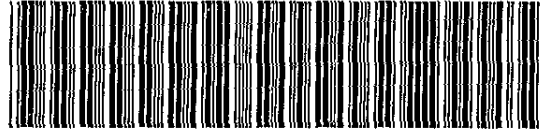
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700009302097

12/12/02--01062--001 **25.00

APPROVED
FILED
02 DEC 12 AM 9:13
SABER
12-13-02

DB
12-13-02

ZeroBase, U.S.A., LLC
950 south tamiami trail, suite 102
sarasota, florida 34236, usa
941.955.2885 fax 941.955.2884

December 9, 2002


Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Attached please find a completed 'Application by a Limited Liability Company for Withdrawal of Authority to Transact Business in Florida', as per s. 608.511 Florida Statutes, for ZeroBase-USA, LLC. In addition, a check in the amount of \$25.00 has been included herein to cover filing fees.

If you require any further information please do not hesitate to contact me. Thank you.

Very truly yours,


K. Robert Wisner, Esq.
Corporate Counsel

APPROVED
AND
FILED
02 DEC 12 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ZEROBASE-U.S.A., LLC

(Name of limited liability company)

New York State

(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.

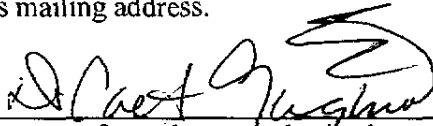
950 S. Tamiami Tr.; Suite # 102

(Mailing address)

Sarasota FL 34236

(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)

Dr. Carl F. Gugino (member)

(Typed or printed name of signee)

RECEIVED
DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02 DEC 12 AM 9:14
BY 60322
FILED