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D. BRUCE

MAY 09 2008

EXAMINER

' COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Raccoon Acquisition I, I (Name of Fo	LLC reign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Iden (Name of Person)	SECRETARY TALLAHASSE
Orbitz Worldwide, LLC (Firm/Company)	E, FLORII
500 W. Madison St., #1000 (Address)	· · · · · · · · · · · · · · · · · · ·
Chicago, IL 60661 (City/State and Zip Coo	le)
For further information concerning this matter,	
Mary Iden (Name of Person)	at (312) 894.4708 (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 & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

Raccoon Acquisition I, 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.
500 W. Madison St., #1000 (Mailing address)
Chicago, IL 60661 (City/State/Zip)
(City, Sallo, Z.I.P.)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
change in its mailing andress. AHAY-8 AHASSE
(Signature of member or authorized representative of a member)
arnes P. Shaughnessy for member
(Typed or printed name of signee)

Filing Fee: \$25.00