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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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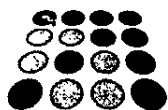


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09 NOV 18 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
NOV 19 2009  
EXAMINER



**i2 Partners LLC**  
strategy • venture development

590 Madison Avenue  
21<sup>st</sup> floor (2138)  
New York, New York 10022  
USA

Telephone: +1 212 521 4086  
Facsimile: +1 212 898 0433  
E-mail: [info@i2partners.com](mailto:info@i2partners.com)  
URL: [www.i2partners.com](http://www.i2partners.com)

October 15, 2009

Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SUBJECT: i2 Partners LLC a 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:

Chief Administrator  
i2 Partners LLC  
590 Madison Avenue – 2138  
New York, NY 10022

For further information concerning this matter please call: +1 (212) 521 4086

Sincerely,

**i2 Partners L.L.C.**

Encl.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

12 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.

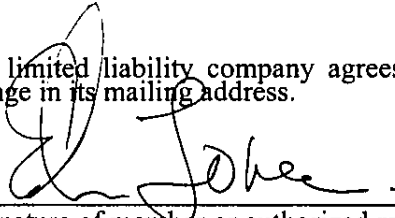
590 MADISON AVE. 2138

(Mailing address)

NEW YORK, NY 10022

(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)

E. JONEC

(Typed or printed name of signee)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**