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M03-475

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SI Utility Group, LLC (Name of Foreign Limited Liability Company)		
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for filling.		
Please return all correspondence concerning this matter to the following:		
Sanjiv Pillai (Name of Person)		
SI GROUP Shares	15. 15.	
865 MORNINGSIDE DR	THASSE THANK!	
Schaumburg, IL 60173 (City/State and Zip Code)	AM II: 25	
For further information concerning this matter, please call:		
Sanji Pillai at (847) 274-9849 (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 \$\Bigcup \\$30 Filing Fee & B\$55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	-	

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

SI Utility Group, LLC (Name of limited liability company)
(Name of limited flability company)
ILLINOIS
(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.
865 MORNING SIDE PRI THE THE
Schaumburg IL 60173 FFF =
Schaumburg IL 60173 PS = 25
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
d A
(Signature of member or authorized representative of a member)
(Typed or printed name of signee)
(Typed of printed name of Signer)

Filing Fee: \$25.00