

M04000004758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

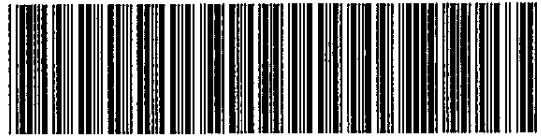
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12/06/05--01036--021 \*\*25.00

**FILED**  
05 DEC -6 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**RECEIVED**  
05 DEC -6 PM 12:00  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

December 6, 2005

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

**FILED**  
05 DEC -6 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6516339 SO  
Customer Reference 1: Not Given  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Sonora Communication Technologies LLC (DE)  
Cancellation  
Florida

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

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

Sincerely,

Connie R Bryan  
Manager Fulfill Ctr  
Connie.Bryan@wolterskluwer.com

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960  
Tel. 850 222 1092  
Fax 850 222 7515

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

**FILED**  
05 DEC -6 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sonora Communication Technologies 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.

1209 ORANGE ST  
(Mailing address)

WILMINGTON, DE 19801  
(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)

ESTHER PATRICIA LEVY ALTMAN  
(Typed or printed name of signee)

**Filing Fee: \$25.00**