M05000001154

(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



700061887297

12/07/05--01025--007 **25.00

OS DEC -7 PH 3: 50
SECKLIANCE FIORIDA

GEO 1 9 2005

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Roamer, LLC			
(Name of Fo	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:		
Mark Pelletier (Name of Person)			
(Name of Xotson)			
Roamer, LLC (Firm/Company)	<u> </u>		
10710 Amherst Ave.			
Silver Spring, MD 20902 (City/State and Zip Cod	de)		
For further information concerning this matter, p	please call:		
Mark Pelletier	at (_240481-2095		
(Name of Person)	(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 \$\sum \text{S30 Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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

20 mg 6

Roamer, Limited Liability Company					
(Name of limited liability company)					
Maryland					
(Jurisdiction of its organization)	· · · · · · · · · · · · · · · · · · ·		·		
This limited liability company is no longer transacting business in authority to transact business in this state.	n Florida	and st	urrender	s its	
This limited liability company revokes the authority of its registere its behalf and appoints the Department of State as its agent for secause of action arising during the time it was authorized to transact be	d agent to rvice of p usiness in	accep rocess Floric	ot service based of la.	e on on a	
10710 Amherst Ave			_		
(Mailing address)			_		
Silver Spring, MD 20902					
(City/State/Zip)					
The limited liability company agrees to notify the Department of change in its mailing address.	State in	the fu	iture of	any	
4	: :		•		••
Made & elleto		_			
(Signature of member or authorized representative of a member)			1 €	20	
Mark Pelletier			E F F F	DEC.	
Typed or printed name of signee)		=	ASSEE, F	-7 PM	FILED
			ORIDA	3: 50	

Filing Fee: \$25.00