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| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
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EXAMINER

| CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173 | ENUE | nerly CCRS) | | | |
|---|-------------------|---|-----------|---|--|
| FILING COVER S ACCT. #FCA-14 | SHEET | | | - | |
| CONTACT: | ASHLEY SM | <u>ЛТН</u> | | ARTON OF STATE | |
| DATE: | <u>01-17-2008</u> | | | | |
| REF. #: | 000276.80234 | | | | |
| CORP. NAME: | SOVEREIG | N RF, LC | | Ÿ | |
| () ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF O () OTHER: | CATION | () ARTICLES OF AMENDM () TRADEMARK/SERVICE () LIMITED PARTNERSHIF () MERGER | MARK | () ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY (XX) WITHDRAWAL | |
| STATE FEES PI | REPAID WI | TH CHECK# 524 | 390 | FOR \$ <u>55.00</u> | |
| AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: | | | | | |
| | | C | OST LIM | IIT: \$ | |
| PLEASE RETU | RN: | | | | |
| (XX) CERTIFIED COI | | () CERTIFICATE OF GO | OOD STAND | OING () PLAIN STAMPED COPY | |

Examiner's Initials

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

| SOVEREIGN RF, LLC | | |
|-------------------|-------------------------------------|---------------------------------------|
| | (Name of limited liability company) | 100 J |
| 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.

| 777 California Avenu | e |
|----------------------|-------------------|
| | (Mailing address) |
| Palo Alto, CA 94304 | |
| | (City/State/Zip) |

The limited liability company agrees to notify the Department of State in the future of anychange mits mailing address.

(Signature of member or authorized representative of a member)

Jason R. Biggs, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00