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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Prepaid Direct Connect Retail,	LLC
(Name of Foreig	n Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for	or filing.
Please return all correspondence concerning this ma	atter to the following:
Mark Lammert	
(Name of Person)	
Mark Lammert, CPA PA	
(Firm/Company)	
740 Florida Central Parkway, Suite 20 (Address)	008
Longwood, FL 32750 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Mark Lammert	at ( 407 ) 260-1011
(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 \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

Prepaid Direct Connect Retail, LLC

(Name of limited liability company)			
Texas			
(Jurisdiction of its organization)			
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrend	lers i	its
This limited liability company revokes the authority of its registered agent to accits behalf and appoints the Department of State as its agent for service of proce cause of action arising during the time it was authorized to transact business in Flor	ept serv ss base rida.	vice o d on	on a
512 Lake Village Drive			
(Mailing address)			
McKinney, TX 75071 (City/State/Zip)	<del></del>		
The limited liability company agrees to notify the Department of State in the change in its mailing address.	future	of ar	ıy
1040			
(Signature of member or authorized representative of a member)	SECT	30	
Thomas Ong, President/Manager	AHA	N N	الــ
(Typed or printed name of signee)	RY OF STATE SSEE, FLORID	-6 PM I2: 39	ILED

Filing Fee: \$25.00