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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAII	_			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	\neg			
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division o	n Section f Corporations		
SUBJECT: TEN	UNITED, LTD.		
		reign Limited Liability	Company)
Dear Sir or Madam:	•		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	g:
ROBERT M. SI	 		_
	(Name of Person)		
ENGAUGE MA	ARKETING, LLC		
	(Firm/Company)		,
375 NORTH F	RONT STREET #40	0	, -
	(Address)		
COLUMBUS,	OH 43215		
	(City/State and Zip Coo	le)	•
For further informat	ion concerning this matter, p	blease call:	
JOHN MCELR	OY	_{at (} 614	573-1417
(N	ame of Person)		Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	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	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

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

TEN UNITED, LTD.
(Name of limited liability company)
OHIO
(Jurisdiction of its organization)
M0600002004
(Florida Document Number)
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.
375 North Front Street #400 (Mailing address)
Columbus, OH 43215
(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) Robert M. Simmons, Manager (Typed or printed name of signee)

Filing Fee: \$25.00

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SECRETARY OF STATE