M06000003198

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SECRETARY OF STATE

COVER LETTER

	istration Section sion of Corporations			
SUBJECT:	Wirefree Partners II, LLC			
	(Name of For	eign Limited Liability (Company)	
Dear Sir or M	ladam:			
The enclosed	withdrawal and fee(s) are submitte	d for filing		
Please return	all correspondence concerning this	matter to the following	:	
Shelley Sp				
	(Name of Person)			
Wirefree I	Partners II, LLC			
	(Firm/Company)			
6511 Grif	fith Road			
	(Address)			
Lavtonsvi	lle, MD 20882			
	(City/State and Zip Cod	e)		
For further in	formation concerning this matter, p	olease call:		
Shelley S	pencer	at (301	540-6222	
	(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 & 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

Wirefree Partners II, LLC			_
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			-
M06000003198			
(Florida Document Number)			-
This limited liability company is no longer transacting business in Florida and surauthority to transact business in this state.	rrende	ers it:	S
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida	. servi based 1.	ce or l on a	1 3
6511 Griffith Road			
(Mailing address)	•		
Laytonsville, MD 20882	-		
(City/State/Zip)			
The limited liability company agrees to notify the Department of State in the fut change in its mailing address.	ure o	of any	y
Shelley Splicer authorized Representative (Signature of member or authorized representative of a member)			
Shelley Spencer			
(Typed or printed name of signee)	SECRETARY OF S	11 APR 27 PM 12:	
		.: 55 65 65 65 65 65 65 65 65 65 65 65 65 6	•

Filing Fee: \$25.00