M0600000 4321

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	me)
, (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800167789148

02/03/10--01034--006 **30.00

10 FEB -3 AM (1: 17

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
FEB - #2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUBSCRIPTION SCRVICES, LLC (Name of Foreign Limited Liability Company)
(Name of Coseign Entitled Elability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christine Woj ayla (Name of Person)
Entre Dreneur Partners, LP
2000 Market Street Suite 720 (Address)
Philadelphia, PA 19103 (City/State and Zip Code)
For further information concerning this matter, please call:
Christing Woody Cyron at (210), 322 - 7003 (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 \$\$55 Filing Fee \$\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

SUBSCRIPTION Services, LCC
(Name of limited liability company)
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.
8301 W MCNOD ROAD (Mailing address)
Tamarac, Fz 33-521 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
3/1
(Signature of member or authorized representative of a member)
BRUCE NEWMAN
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS