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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations		
SUBJECT: NETEAM CONVERGENCE LLC (Name of Foreign Limited Liability 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:		
ELINOR CULOTTA (Name of Person)		
TELANTIS		
(Firm/Company)		
791 WYE ROAD		
(Address)		
AKRONI NU UU233		
791 WYE ROAD  (Address)  AKRON, OH 44333  (City/State and Zip Code)		
For further information concerning this matter, please call:		
ELINOR CULOTTA 330, 666-6380	7.0	
(Name of Person) at (330) 666-6380 (Area Code & Daytime Telephone Number)		~~~
	AY -6	4 { 
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section	SSE 6	
Division of Corporations Division of Corporations	뜨유 곡	11
Clifton Building P.O. Box 6327		S. S. S. S.
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	AMII: 17 OF STATE OF LORID!	
Enclosed is a check for the following amount:	>	
\$25 Filing Fee \$\sum \$30 Filing Fee & \$\sum \$55 Filing Fee & \$\sum \$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

NETEAM CONVERGENCE LLC (Name of limited tiability company)
(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.
791 WYE RD TALETARY OF THE COLUMN COL
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)  ELINOR CULOTTA
(Typed or printed name of signee)

Filing Fee: \$25.00