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OS MAR 24 PH 2: 04
SECRETARY OF STATE

TO:				ection orporations					
SUBJE	CT:	Ape	x C	oVantage, LL					
				(Nam	e of Fo	oreign Limited	Liability	Company)	
Dear Sir	r or N	1adan	n:						
The enc	losec	with	draw	al and fee(s) are	submitt	ed for filing.			
Please re	eturn	all co	rres	pondence concert	ning thi	s matter to the	following	g:	
Kristy	Λ Ap	pers	son					_	
				(Name of Perso	on)				
Apex	Co	/ant	age	, LLC				_	,
				(Firm/Compan	y)				
198 V	⁄an	Bure	en (St. STE 200 (Address)				-	
				(Addiess)					
Herno	don,	VA	20					_	
		•		(City/State and	Zip Co	de)			
For furtl	her ir	ıforma	ation	concerning this	matter,	please call:			
Kristy	Ар	pers	on			at (7	703	709-3000	
		. (Nam	e of Person)		(Aı	ea 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				
Enclose ✓\$25 F			k fo	\$30 Filing Fee Certificate of	&	: \$55 Filin Certified		\$60 Filing Fee, Certificate of Status & Certified Copy	

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

Apex CoVantage, LLC	_
(Name of limited liability company)	
Virginia	
(Jurisdiction of its organization)	-
This limited liability company is no longer transacting business in Floricauthority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service o cause of action arising during the time it was authorized to transact business	to accept service on f process based on a in Florida.
198 Van Buren St STE 200 (Mailing address)	
Herndon, VA 20170 (City/State/Zip)	
The limited liability company agrees to notify the Department of State change in its mailing address.	in the future of any
(Signature of member or authorized representative of a member) Shashikant Gupta, Managing Member (Typed or printed name of signee)	OB MAR 24 PH 2: 0 SECRETARY OF STATIALLAHASSEE FLORI

Filing Fee: \$25.00