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To:

Division of Corporations

Fax Number

: (850)617-6383

: (850)878-5368

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

TC JAN -3 PH 2:59 SECRETARY OF STATE.

LLC DISSOLUTION OR WITHDRAWAL TELECORP COMMUNICATIONS, LLC

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COVER LETTER

| | on of Corporations | | | |
|--|---|--|--|--|
| SUBJECT: _ | eleCorp Communications, | LLC | | |
| | | ign Limited Liability (| Company) | |
| Dear Sir or Ma | dam: | | | |
| The enclosed v | ithdrawal and fee(s) are submitted | t for filing. | | |
| Please return al | correspondence concerning this | matter to the following | : | |
| | • | | | |
| | (Name of Person) | | | |
| , <u>.</u> | | | | |
| | (Firm/Company) | | | |
| | (Address) | | | |
| | (voness) | | | |
| , , , , , , | (City/State and 2ip Code | ;) | | |
| For further info | rmation concerning this matter, p | lease call: | | |
| Carolyn J. | | at (404 | 927-9130 Daytime Telephone Number) | |
| | (Nume of Person) | (Alter Code & | traktime reschictre temmen) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | |
| 2661 | Executive Center Circle asses, Florida 32301 | | assec, Florida 32314 | |
| Enclosed is a | heck for the following amount: | | | |
| S25 Filing F | oe S30 Filing Poe & Certificate of Status | ☐ \$55 Filing Fee & Certified Copy | Cartificate of Status & Certificate Copy | |
| | | | | |

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

| TeleCorp Communications, LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| M08000006660 |
| (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. |
| · |
| 1025 Lenox Park Blvd NE, Suite 5C575 |
| (Mailing address) |
| Atlanta, GA 30319 |
| (City/State/Zip) |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. |
| Carolines. IWilder |
| (Signature of member or authorized representative of a member) Manager Manager |

Filing Fee: \$25.00

Carolyn J. Wilder Assistant Secretary AT&T Mobility Corporation Manager

(Typed or printed name of signee)