MU7UUUUU4624

(Re	equestor's Name)	•
(Ac	idress)	
(Āc	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(В	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700173801177

BEFANTHEN OF STATE
INVISION OF CORPORATIONS
TALLANDASSEE, FLORIDA

SECEIVED

10 APR 15 AH 9- 07

STATE OF CORPORATIONS

B. KOHR
APR 1 6 2010

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04-15-10

NAME:

TECOMATE CONSULTING LLC

TYPE OF FILING: WITHDRAWAL

COST: \$55

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

<u>c</u>
Limited Liability Company)
r filing.
tter to the following:
·
e call:
at (210) 408-6161
(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

\$355 Filing Fee & Certified Copy

■ \$60 Filing Fee, Certificate of Status &

Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Tecomate Consulting, LLC
(Name of limited liability company)
Delaware (Jurisdiction of its organization)
(Julisdiction of its organization)
M0700004624
(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.
14855 Blanco Road, #306
(Mailing address)
San Antonio, Texas 78216
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address
Market of the second of the se
(Signature of member or authorized representative of a member)
Carl Richard Olson, Jr.
(Typed or printed name of signee)

Filing Fee: \$25.00