M0700007167

(Re	questor's Name)	
(Ad	dress)	
/A al	dress)	
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(Cit	y/State/Zip/Phon	e #)
•	'	•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	<u>, , , , , , , , , , , , , , , , , , , </u>	
Special Instructions to I	Filing Officer:	
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Office Use Only

B. KOHR
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EXAMINER



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400217359374 01/09/12--01031--009 **25.00

DIVISION OF CORPORATIONS
12 JAN -9 AM ID: 1.9



EMERGENCY COMMUNICATIONS NETWORK

9 Sunshine Boulevard, Ormond Beach, FL 32174

7 E L 866 939 0911 FAX 386 676 1127 W E B ecnetwork.com January 5, 2012

ORIGINAL VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Applications for Withdrawal of Foreign LLC

To Whom It May Concern:

Enclosed please find:

- Cover letter, application for withdrawal, and check No. 2729 in the amount of \$25.00 for the withdrawal of foreign limited liability company, Code-ED West, LLC; and
- 2. Cover letter, application for withdrawal, and check No. 2730 in the amount of \$25.00 for the withdrawal of foreign limited liability company, Code-ED West, LLC.

If anything further is required, please feel free to contact me.

Sincerely.

LEANNE SIEGFRIED GENERAL COUNSEL EMERGENCY COMMUNICATIONS NETWORK

TEL: 386 676 0294 x 208 EMAIL: LSiegfried@ecnetwork.com

WEB: www.ecnetwork.com
OFFICE: 9 Sunshine Blvd. Ormond Beach, FL 32174

COVER LETTER

Division of Corporations	
SUBJECT: Emergency Communications	Network West, LLC
	n Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for	or filing.
Please return all correspondence concerning this ma	atter to the following:
Leanne M. Siegfried	
(Name of Person)	
Emergency Communications Network	, LLC
(Firm/Company)	
9 Sunshine Blvd.	
(Address)	<u>.</u>
Ormond Beach, FL 32174	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Leanne M. Siegfried	at (386) 676-0294
(Name of Person)	(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:	

□ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status &

Certified Copy

■ \$30 Filing Fee &

Certificate of Status

☑ \$25 Filing Fee

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

Emergency Communications Network West, LLC
(Name of limited liability company)
Nevada (Jurisdiction of its organization)
M07000007167
(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.
9 Sunshine Blvd. (Mailing address)
Ormond Beach, FL 32174
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Donner Bongo
(Signature of member or authorized representative of a member)
Dominic Bongo (FD
(Typed or printed name of signee)

Filing Fee: \$25.00