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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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G. HARVEY

APR 27 2011

EXAMINER

Help

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Compal / Neuranel agency // (Name of Poreign 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:
Shalla adard (Nume of Person)
Oly Muranel (Firm/Company)
300 Galleria Officerte, Str. 200
Southfield, m. 1 48034 (City/State and Zip Code)
For further information concerning this matter, please call:
tana adams = 1248, 263-6922
(Name of Person) (Area Code & Daytime Telephane Number)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasses, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Plorida 32314

. Enclosed is a check for the following amount:

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🗅 \$30 Filing Fos &

Certificate of Status

🖸 \$55 Filing Pee &

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1 \$60 Filing Fee, Certificate of Status & Certified Copy

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

(Name of limited (i) billity company)	
(Name of inition/hanting company)	
Delaware	_
1 mg marshall	
(Florida Document Number)	_
This limited liability company is no longer transacting business in Florida and surrenders is authority to transact business in this state.	its
This limited liability company revokes the authority of its registered agent to accept service of its behalf and appoints the Department of State as its agent for service of process based on cause of action arising during the time it was authorized to transact business in Florida.	n a
300 Goulera Officarte Jr. 200 (Mailing address)	
South Feld, My 48034 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of an change in its mailing address.	ıy
(Signature of member or authorized representative of a member)	
Pobert Donay	
(Typed or printed name of signee)	
ALLAHASSEE, FLO	11 APR 26 PM 22:

Fi)ing Fee: \$25.00