M080000004400

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR 8 0 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations					
SUBJECT:	INTERN	ET TRANSACTIO	N SYSTEMS	LLC			
(Name of Foreign Limited Liability Company)							
Dear Sir or M	ladam:						
The enclosed	withdrawai	and fee(s) are submitte	d for filing.				
Please return	all correspo	ondence concerning this	matter to the foll	owing:			
RALPH S	CHAEFE	R					
		(Name of Person)					
		(Firm/Company)					
5734 LOU	JISE STI	REET					
		(Address)					
SAN BER	NARDIN	IO CA 92407					
	•	(City/State and Zip Cod	e)				
For further in	formation c	oncerning this matter, p	lease call:				
RALPH S	CHAEFE	R	at (909)	883-3401		
	(Name	of Person)		ode & I	Daytime Telephone Number)		
Regi Divi Clut 2661 Talla	stration Sec sion of Corp on Building Executive thassee, Flo	porations Center Circle rida 32301	!	Registra Division P.O. Bo	NG ADDRESS: ution Section of Corporations x 6327 ssee, Florida 32314		
Enclosed is a	check for	the following amount:					
□ \$25 Filing	Fee 🎽	\$30 Filing Fee & Certificate of Status	\$55 Filing For Certified Cop		☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

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

INTERNET TRANSACTION SYSTEMS LLC		
(Name of limited liability company)		
NEVADA		
(Jurisdiction of its organization)		
M08000004400		
(Florida Document Number)		
This limited liability company is no longer transacting business in Florida and surrer authority to transact business in this state.	nders	its
This limited liability company revokes the authority of its registered agent to accept se its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	rvice ed or	on 1 a
5734 LOUISE STREET (Mailing address)		
SAN BERNARDINO CA 92407 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	ofa	ny
Roll Mark		
(Signature of member or authorized representative of a member)		۳.
RALPH SCHAEFER		V _S S
(Typed or printed name of signee)	APR 29 P	CAL SOLVE

Filing Fee: \$25.00