## M08000004513

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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B. BOSTICK
FEB 2 1 2012
EXAMINER

## **COVER LETTER**

	egistration Section ivision of Corporations				
SUBJECT		<del></del>			
	(Name of Foreign	n Limited Liabi	lity Company)		
Dear Sir or	r Madam:				
The enclos	ed withdrawal and fee(s) are submitted for	or filing.		,	
Please retu	rn all correspondence concerning this ma	tter to the follo	wing:		
Joel F. L					
	(Name of Person)				
OPGUS	S, LLC				
	(Firm/Company)	<u> </u>			
104 Wo	odside Circle			12 / 131.4 1ALL	
	(Address)			EB 20	or y
Torringt	on, CT 06790 (City/State and Zip Code)	and the second of the second o	e proposition of the second of	20 SSET	
3 7 mg	(City/State and Zip Code)	12 1 1 1 1 1 1 1 1		PH 3::	
For further	information concerning this matter, pleas	e call:		3: 32 STATE ORIDA	M
Joel F. L	Levy	<sub>at (</sub> 917	733-6936		
	(Name of Person)		de & Daytime Telephone Numb	er)	
Re Di Cl 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
<b>☑ \$2</b> 5 Filir	s a check for the following amount:  ng Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy		s &	

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

OPGUS, LLC
(Name of limited liability company)
New York
(Jurisdiction of its organization)
M08000004513
(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.
104 Woodside Circle
(Mailing address)
Torrington, CT 06790 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
opel F. Levy
(Typed or printed name of signee)  ARC SEE OF 31 3: 32

Filing Fee: \$25.00