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| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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EXAMINER

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COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|--|---|
| SUBJECT: HIGHWAY TOLL ADMINISTRATION | ON, LLC |
| (Name of Foreign Limit | ited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed withdrawal and fee(s) are submitted for filing | ng. |
| Please return all correspondence concerning this matter to | the following: |
| DAVID CENTNER | |
| (Name of Person) | |
| HIGHWAY TOLL ADMINISTRATION, LLC | <u> </u> |
| (Firm/Company) | |
| 9 PARK PLACE, 3rd FLOOR (Address) | |
| GREAT NECK, NY 11021 | A CONTRACTOR OF THE PERSON OF |
| (City/State and Zip Code) | 7 1 5 CM - 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| For further information concerning this matter, please call | 100 mm |
| JOANN COTTONE, CPA | 516 228-8866 |
| (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: | |
| | Filing Fee & S60 Filing Fee, fied Copy Certificate of Status & Certified Copy |

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

| HIGHWAY TOLL ADMINISTRATION, LLC |
|---|
| (Name of limited liability company) |
| NEW YORK |
| (Jurisdiction of its organization) |
| 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 PARK PLACE, 3rd FLOOR (Mailing address) |
| GREAT NECK, NY 11021 (City/State/Zip) |
| The limited liability company agrees to notify the Department of State in the fitture of any change in its mailing address. |
| |
| (Signature of member or authorized representative of a member) |
| (Signature of member or authorized representative of a member) DAVID CENTNER (Typed or printed page of signes) |
| (Typed or printed name of signee) |

Filing Fee: \$25.00