M0900000545

(Rec	questor's Name)	
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SECRETARY OF STATE
FALLAHASSEE, FLORIO

D. BRUCE

MAY - 4 2010

EXAMINER

COVER LETTER

TO:		istration S sion of C	Section orporations					
SUBJE	ECT:	MDI ir	stallations LLC					
			(Name of For	eign Limited Lia	ibility C	ompany)		
Dear S	ir or N	ladam:						
The en	closed	withdray	val and fee(s) are submitte	d for filing.				
Please	return	all corre	spondence concerning this	matter to the fol	llowing:			
Vince	nt V	alentin						
			(Name of Person)					
MDI	Insta	llations	LLC					
		 	(Firm/Company)					
1375	Akr	on Stre	et	<u>, </u>			MALLA Section	10 H/
			(Address)				ETAH	¥Y -3
Copia	ague	, NY 1	1726				1338 150 AV	
			(City/State and Zip Coo	le)			E ST	P# သ
For fur	ther in	ıformatio	n concerning this matter, p	olease call:			ATE RIDA	21
Eilee	n La	ine		_{at (} 631-)	229-2525		
		(Nar	ne of Person)			Daytime Telephone Num	ber)	
	Reg Div Clif 266	istration i ision of C ton Build 1 Executi	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
			or the following amount:	:				
र्च \$25	Filing	; Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing I Certified Co		■ \$60 Filing Fee, Certificate of Statu Certified Copy	ıs &	

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

(Name of limited liability company)
New York
(Jurisdiction of its organization)
M0900000545
(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.
1375 Akron Street
(Mailing address)
Copiague, NY 11726
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Variet Valida
(Signature of member or authorized representative of a member)
Vincent Valentino
(Typed or printed name of signee)

Filing Fee: \$25.00