

109000000677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

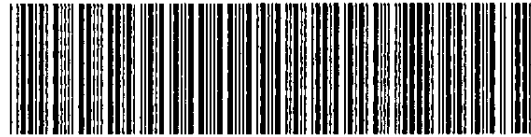
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500196692795

05/09/11--01011--011 **25.00

03/07/11--01023--023 **20.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 7 PM 3:33

FF \$25
OP \$20

8 Tedlock MAY 09 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSPERFECT STAFFING SOLUTUIONS LLC
(Name of Foreign 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:

ALI ZEREN
(Name of Person)

TRANSPERFECT
(Firm/Company)

3 PARK AVENUE
(Address)

NEW YORK
(City/State and Zip Code)

For further information concerning this matter, please call:

ALI ZEREN at 212 689-5555
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2664 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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee
Certificate of Status &
Certified Copy |
|--|---|--|---|

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Brenda Tadlock

March 16, 2011

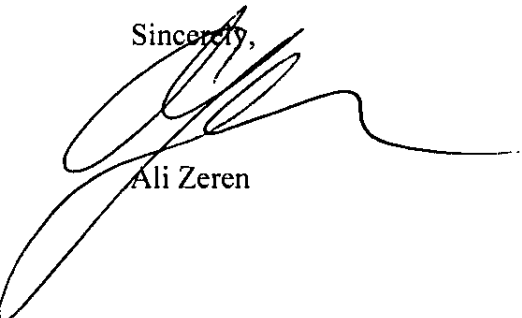
Dear Ms. Tadlock.

I received the enclosed letter stating that our application for withdrawal for an LLC was accompanied by a check for only \$20.00 when the required amount was \$25.00. Since you retained the check, I have enclosed a scan copy of the check from our files where the check is clearly in the amount of \$25.00 and not \$20.00 as you have written.

I trust the corrections will be made.

If you have any questions, please don't hesitate to contact me.

Sincerely,



Ali Zeren



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2011

ALI ZEREN
TRANSPERFECT
3 PARK AVE.
NEW YORK, NY 10016

SUBJECT: TRANSPERFECT STAFFING SOLUTIONS, LLC
Ref. Number: M09000000677

We have received your document for TRANSPERFECT STAFFING SOLUTIONS, LLC and your check(s) totaling \$20.00. However, the document has not been filed and is being retained in this office for the following:

The total amount due is \$25.00.

There is a balance due of \$5.00.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 411A00005792

*Call Carol +
Carol +
we need proof
ok. was
called by \$25
-1000
5/3/11*

Florida Department of State
PO Box 6327
Tallahassee, FL 32314
Attn: Brenda Tadlock

May 2, 2011

Dear Ms. Tadlock,

Enclose you will find a re-issued check in the amount of \$25.00. Per our conversation you communicated that the Div. Of Corp. could not find record of the check being in the amount of \$25.00 and that it appeared as if the amount of \$20.00 had be improperly imputed by the Div. Of Corp.

Thanks.



Ali Zeren

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

TRANSPERFECT STAFFING SOLUTIONS, LLC
(Name of limited liability company)

DELAWARE
(Jurisdiction of its organization)

M09000000677
(Florida Document Number)

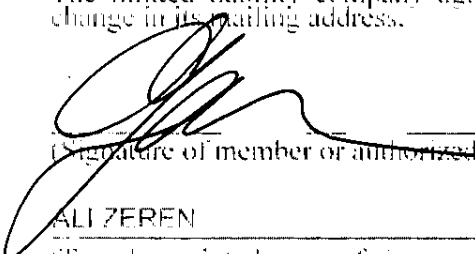
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

3 PARK AVENUE
(Mailing address)

NEW YORK, NY 10016
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of change in its mailing address.


(Signature of member or authorized representative of a member)

ALI ZEREN
(Typed or printed name of signee)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR - 7 PM 3:33