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EXAMINER

W9-1464

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tampa Computer Source 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:	
Joshua Parks (Name of Person)	
Tampa Computer Source LLC (Firm/Company)	2010
15815 S. Lakewood Plewy W #1099 (Address)	2010 FEB 16 PI
Phoenix Az 85048 (City/State and Zip Code)	PH 12: 4*
For further information concerning this matter, please call:	
Toshva Parks at (813) 270-6589  (Name of Person) (Area Code & Daytime Telephone Number)	
(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:	
\$25 Filing Fee \$25 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy	

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

(Name of limited liability company)
(Name of limited liability company)
Mevada (Jurisdiction of its organization)
(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 or 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.
15815 S. Lakeward Pky W #1099 FE F
Mailing address)  Phoen ix AZ 85048  (City/State/Zip)
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
and the
(Signature of member or authorized representative of a member)
Joshva Parks
(Typed or printed name of signee)

Filing Fee: \$25.00