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OCT 13 2010

EXAMINER



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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	MOBILE MANAGEMENT, LL	_C.		
	(Name of Foreig	gn Limited Liability C	Company)	
Dear Sir or N	1adam:			
The enclosed	withdrawal and fee(s) are submitted	for filing.		
Please return	all correspondence concerning this m	atter to the following:		
•				
BETTY S	POTOFORA			
	(Name of Person)			
NEVADA	STATE CORPORATE NET	WORK, INC,		
	(Firm/Company)			
777 N RA	NINBOW BLVD STE 250		•	
	(Address)			
LAS VEG	AS, NV 89107		•	
	(City/State and Zip Code)		•	
For further in	oformation concerning this matter, ple	ase call:		
BETTY S	POTOFORA	at (702)	838-8599 EXT 211	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327	
266	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
	a check for the following amount:			
☑ \$25 Filing	Fee \$30 Filing Fee & Certificate of Status	3 \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

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

MOBILE MANAGEMENT, LLC.
(Name of limited liability company)
NEVADA
(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.
777 N RAINBOW BLVD STE 250
(Mailing address)
LAS VEGAS, NV 89107
(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)
(Signature of memoer)
Deborah E fox
(Typed of printed name of signee)
ALL ALL