

MO900003233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

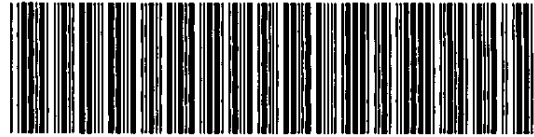
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242890671

12/31/12--01040--003 **25.00

FILED
12 DEC 31 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SBM
1/4/13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NVM Management 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:

Vamsi Bonthala
(Name of Person)

Narnish Group
(Firm/Company)

29 N Wacker Drive, Suite 200
(Address)

Chicago IL 60606
(City/State and Zip Code)

For further information concerning this matter, please call:

Krishna Sangani at (908) 217 0725
(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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$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**

NVN Management LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M 09 00000 3233

(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.

29 North Wacker Drive Suite 200

(Mailing address)

Chicago IL 60606

(City/State/Zip)

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

Kssangani

12/27/12

(Signature of member or authorized representative of a member)

Krishna Sangani

(Typed or printed name of signee)

FILED
12 DEC 31 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00