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S. HAWKES

MAR \_ 9 2010

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AKamai Customer Care LLC.  (Name of Foreign Limited Liability Company)
(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:
Jancel Cruz (Name of Person)
AKamal Customer (are LLC (Firm/Company)
24 Waterbury Way (Address)
Douglasville GA 30134 (City/State and Zip Code)
For further information concerning this matter, please call:
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
(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 \$\sum \$
Provide Software Co.

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

	产员 9	
	异喜	_
Akamai Customer Care LLC.	表示。	•
(Name of limited liability company)	SE-X	_ '
	F9 3	
<u>Leorgia</u>	ESI ?	•
George (Jurisdiction of its organization)	REAL SE	5
This limited liability company is no longer transacting business in Florida and s authority to transact business in this state.	urrenders it	S
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida.	ot service or based on a la.	n a
24 Waterbury Way (Mailing address)	_	
Douglasville GA 30134 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the fichange in its mailing address.	uture of any	у
Mancel Cry		
(Signature of member of authorized representative of a member)		
(Typed or printed name of signee)		

Filing Fee: \$25.00