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(Requestor's Nar	me)
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PICK-UP WAIT	MAIL
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J. BRYAN

DEC 29 2010

EXAMINER

COVER LETTER

	ion Section of Corporations				
SUBJECT: 2X	cel/Metro Exhibit, LLC	oreign Limited Liability	Company)		
	·	neigh Emilied Endonly	Company)		
Dear Sir or Madan	n:				
The enclosed with	drawal and fee(s) are submitt	ed for filing.			
Please return all co	orrespondence concerning thi	s matter to the followin	g:		
Richard W. Ph			_		
	(Name of Person)				
2Xcel/Metro E	<u> </u>		_	10 DE SECRE	ويستعد
	(Firm/Company)			EC 28 AM II: 43 RETARY OF STATE AHASSEE, FLORIDA	The contract of the contract o
10441 Beaudi	in Blvd. Ste 800				
	(Address)		-	AM II: 43 OF STATE EE, FLORID	
Woodridge, IL	. 60517			RED,	
	(City/State and Zip Coo	le)	-		
For further informa	ation concerning this matter,	olease call:			
Luann Phebus	5	at (630	985-1144		
1)	Name of Person)		Daytime Telephone Number)	-	
Registration Division on Clifton Bu 2661 Exec	f Corporations	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, Florida 32314		
Enclosed is a check	k for the following amount:				
□ \$25 Filing Fee		□ \$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

(Name of limited liability company)	
(Name of minited habitity company)	
Illinois	
(Jurisdiction of its organization)	
M40000002464	
M10000003164 (Florida Document Number)	
· · · · · · · · · · · · · · · · · · ·	
This limited liability company is no longer transacting business in Florida and surrer authority to transact business in this state.	iders its
This limited liability company revokes the authority of its registered agent to accept series behalf and appoints the Department of State as its agent for service of process bas cause of action arising during the time it was authorized to transact business in Florida.	rvice on sed on a
1200 S. Pine Island Road	
(Mailing address)	
Plantation, FL 33324	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any
Su an Thefees	
Signature of member or authorized representative of a member)	· n
LuAnn Phebus	10 D
Typed or printed name of signee)	DEC 2
SS CT-	^ ₂₂ 2
<u> </u>	or AH

Filing Fee: \$25.00