

MID0000003Ld2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

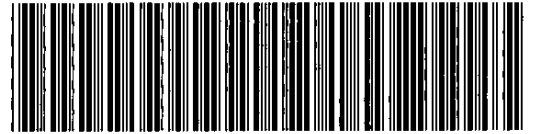
Special Instructions to Filing Officer:

**L. SELLERS**

DEC 7 2011

**EXAMINER**

Office Use Only



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11 DEC -5 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



November 29, 2011

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Withdrawal of Authority of WZ-634, LLC**

Dear Secretary of the Commonwealth,

Enclosed herein for filing is an original and one copy of the Withdrawal the Authority of Foreign Limited Liability Company for WZ-634, LLC. Also enclosed is check number 1148 in the amount of \$25.00 which is the requisite filing fee. Kindly process this filing and forward the acknowledgment to the undersigned in the enclosed self addressed stamped envelope.

Please do not hesitate to contact me directly if you should have any questions. Thank you very much.

Sincerely,

A handwritten signature in cursive script that reads "Vickie L. Bennett".

Vickie L. Bennett

Paralegal

Email: [vickieb@wirelesszone.com](mailto:vickieb@wirelesszone.com)

Tel: 860-632-9494 x1781

Fax: 888-669-0677

Enc. (4)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WZ-634, 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:

Vickie L. Bennett  
(Name of Person)

Automotive Technologies, Inc.  
(Firm/Company)

34 Industrial Park Place  
(Address)

Middletown, CT 06457-1590  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vickie L. Bennett at (860) 632-9494 X1781  
(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**

WZ-634, LLC

(Name of limited liability company)

Connecticut

(Jurisdiction of its organization)

M10000003662

(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.

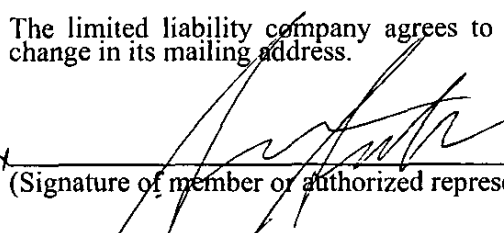
34 Industrial Park Place

(Mailing address)

Middletown, CT 06457-1590

(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)

Susan E. Suhr, Administrative Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

11 DEC -5 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED