

M11000002434

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 284472 4353914

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : July 23, 2012

ORDER TIME : 11:17 AM

ORDER NO. : 284472-005

CUSTOMER NO: 4353914

FOREIGN FILINGS

NAME: SKYLINE INNOVATIONS LLC

*File 1st
Please
"*

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Stephanie Milnes - EXT# 52920

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyline Innovations 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:

Aaron Hill
(Name of Person)

DLA Piper LLP (US)
(Firm/Company)

500 8th Street, NW
(Address)

Washington, DC 20004
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Hill at (202) 799-4219
(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**

Skyline Innovations LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M11000002934

(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.

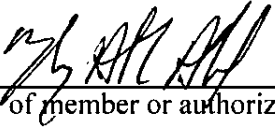
1785 Massachusetts Avenue, NW, Suite 507

(Mailing address)

Washington, DC 20036

(City/State/Zip)

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

 10/3/12
(Signature of member or authorized representative of a member)

Zachary Axelrod

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00