174916 DDD(Requestor's Name) (Address) 700214656317 (Address) ,1 į IN DEC 15 PH 1:47 RECEIVED (City/State/Zip/Phone #) PICK-UP MAIL TI WAIT (Business Entity Name) (Document Number) Certificates of Status Certified Copies \_\_\_\_\_ Special Instructions to Filing Officer: Office Use Only

> B. KOHR DEC 1 5 2011 EXAMINER



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CORPORATION SERVICE COMPANY					0	
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## FOREIGN FILINGS

NAME: FANATICS, LLC

CORPORATE LIMITED PARTNERSHIP 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# 2920

EXAMINER:

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: FANATICS, 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:

Donna L. Smith

(Name of Person)

Kynetic, LLC

(Firm/Company)

225 Washington Street, 3rd Floor

(Address)

Conshohocken, PA 19428

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna L. Smith	at (484	534-8103
(Name of Person)	(Arca 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 &	□\$55 Filing Fee &	□\$60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy



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

FANATICS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M11000004916

(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.

## 5245 COMMONWEALTH AVENUE, ATTN: GENERAL COUNSEL (Mailing address)

JACKSONVILLE, FL 32254

(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 of authorized representative of a member)

ALAN TRAGER

(Typed or printed name of signee)

Filing Fee: \$25.00