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K.SALY EXAMINER AUG 28 2013

COVER LETTER

Division of Co				
SURJECT: X4 C	Communicat	tions, LLC		
3000001.	(Name of For	eign 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:				
Dennis Fioretti				
	(Name of Person)			
X4 Commi	unications, l	_LC		
	(Firm/Company)			
20324 Plat	tner Court			
	(Address)			
Mokena, Il	_ 60448			
	(City/State and Zip Cod	e)		
For further information concerning this matter, please call:				
Dennis Fig	retti	708	478-8080 Daytime Telephone Number)	
(Namo	of Person)	(Area Code &	Daytime Tetephone 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

		to Alle
X4 Communications, LLC		26
	(Name of limited liability company)	两名 美
Illinois		1888
	(Jurisdiction of its organization)	E A
M1200000423	38	3 **
	(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.

20324 Plattner Court			
(Mailing address)			
Mokena, IL 60448			
(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)

Dennis Fioretti

(Typed or printed name of signee)

Filing Fee: \$25.00