## M14000007705

(Reque	estor's Name)			
(Addre	ss)			
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(City/S	tate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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DEC OS ANT RAPES

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 389112 7493475

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: December 2, 2016

ORDER TIME : 3:27 PM

ORDER NO. : 389112-010

CUSTOMER NO: 7493475

## FOREIGN FILINGS

NAME: VOIP LOGIC LLC

\_\_\_\_\_ CORPORATE
LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

## **COVER LETTER**

	Registration of	n Section Corporations		
SUBJEC	T: VolP	Logic LLC		
00202		(Name of For	eign Limited Liability (	Company)
Dear Sir	or Madam:			
The encl	osed withdr	awal and fee(s) are submitte	d for filing.	
Please re	turn all cor	respondence concerning this	matter to the following:	•
Shara	L. Gome	9S		
		(Name of Person)		
Broad	Soft, Inc.			
		(Firm/Company)	,	
9737 \	Washingt	onian Blvd., Suite 350	0	
•	7	(Address)	,	
Gaithe	ersburg, l	MD 20878		
		(City/State and Zip Cod	le)	
For furth	er informat	ion concerning this matter, p	lease call:	
Shara	L. Gome	es	301	200-3257
	(N	ame of Person)		Daytime Telephone Number)
	Registration Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	d is a check	for the following amount:		
□ \$25 F	iling Fec	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VolP Logic LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
09/27/2016
(Date registered with Florida Department of State)
M16000007705
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Mary Ellen Seravalli
(Typed or printed name of signee)

Filing Fee: \$25.00