

1195000000106

**Special Process Services**  
**L.C.**

**MANAGING MEMBERS**

Michael C. Saylor

February 4, 1997 mcs

Florida Department of State  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

800002082518--0  
-02/10/97--01053--002  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Dear Sir or Madam:

Enclosed please find a completed withdrawal application and check for \$ 52.50.

Upon completion of the withdrawal process, please send the letter of acknowledgment to:

Special Process Services, L.C.  
c/o Michael C. Saylor  
2203 Cedar Mill Court  
Vienna, VA 22182

Sincerely,



Michael C. Saylor  
Managing Member

**ATTACHMENTS**

- 1) Application for Withdrawal
- 2) Check # 1106 - \$ 52.50

Special Process Services, L.C. 2203 Cedar Mill Court, Vienna, VA 22182  
Voice: 703-207-0159 Fax: 703-207-0161 Internet: mcs@his.com

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
97 FEB 10 AM 9:18

*Voldis*

ALL FEB 17 1997  
1

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

SPECIAL PROCESS SERVICES, L.C.  
(Name of limited liability company)

VIRGINIA, USA  
(Jurisdiction of its organization)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
9 FEB 10 AM 9:18

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.

C/O MICHAEL C. SAYOR, 2203 CEDAR HILL COURT  
(Mailing address)

VIENNA, VIRGINIA, USA 22182  
(City-State-Zip)

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

Dated 2/4/97 was

Signatures of all members

Typed or printed name

[Signature]

MICHAEL C. SAYOR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_