

m9700000167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

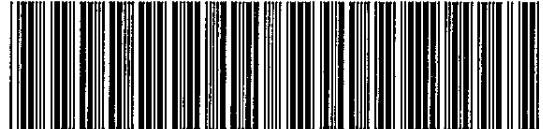
(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature/initials

Office Use Only



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05/10/05--01069--010 **25.00

FILED

05 MAY 10 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 MAY 10 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

May 10, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 MAY 10 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6358548 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Micronair, LLC (DE)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
Jennifer_Murphy@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

FILED
05 MAY 10 PM 1341
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICRONAIR LLC

(Name of limited liability company)

FEE # 59-34281

A DELAWARE CORPORATION

(Jurisdiction of its organization)

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.

163 ACORN LANE

(Mailing address)

COLCHESTER VT 05446

(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)

ROBERT MASON, DIRECTOR

(Typed or printed name of signee)

Filing Fee: \$25.00