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(Re	questor's Name)	<u> </u>		
	· · · · · · · ·			
(Ad	dress)			
	dress)			
(rio	410307			
(Cit	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	isiness Entity Na	me)		
(Do	cument Number)		
Certifled Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:			
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FILED

COVER LETTER

10: Registration Section Division of Corporations			_	
Division of Corporations				
SUBJECT: Paypix LLC				
(Name of Foreign Lin	nited Liability	y Company)		-
, υ	•	, 1 ,,		TALL SEC
Dear Sir or Madam:			_	超高:
The enclosed withdrawal and fce(s) are submitted for fili	ing.			ARY SSS
Please return all correspondence concerning this matter t	o the following	ng; — ~ _		AUG 17 P 1: 2.
Henry Ben-Zvi				器 27
(Name of Person)			16	
(1000)			•	
Ben-Zvi & Associates		<u></u>	4	
(Firm/Company)	,	**	~-	
3231 Ocean Park Blvd., St. 212,		- -		
(Address)				,
Santa Monica, California 90405				
(City/State and Zip Code)			•	٠.
For further information concerning this matter, please ca	11:			
Henry Ben-Zvi	310	, 664-1		
(Name of Person)	(Area Code	& Daytime To	elephone l	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		4	
Enclosed is a check for the following amount:				
	Filing Fee & tified Copy	Certi	Filing Feating Feating Filling Feat Filling Feat Filling Feat Feat Feat Feat Feat Feating Feating Feating Feat Feat Feat Feat Feat Feat Feat Feat	Status &

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

Payix LLC
(Name of limited liability company)
Nevada
(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.
410 Nevada Way, Suite 200 (Mailing address)
Boulder City, Nevada 89005 (City/State/Zip) (SF SF AFF SF SF AFF SF AF
The limited liability company agrees to notify the Department of State in the future of change in its mailing address.
(Signature of member of authorized representative of a member)
Henry Ben-Zvi
(Typed or printed name of signee)

Filing Fee: \$25.00