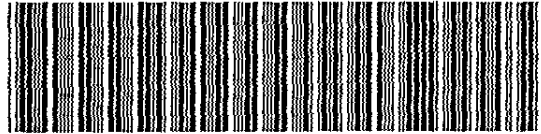


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03 APR 21 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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04/21/03--01058--003 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

TodoCom.com, LLC

20715 NE 30th Place, Aventura, FL 33180

FILED

03 APR 21 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 18th, 2003

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Please find enclosed an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida, along with the \$25 Filing Fee.

We submit this application, as this out-of-state Limited Liability Company no longer exists.

Kindly, please process the attached application and send us an acknowledgement letter to: 20715 NE 30th Pl., Aventura, FL 33180.

Thanks much in advance,



Joseph Braun
TodoCom.com, LLC

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

FILED
03 APR 21 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TODOCOM.COM, LLC

(Name of limited liability company)

DELAWARE

(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.

20715 NE 30th PL

(Mailing address)

AVENTURA, FL 33180

(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)

JOSEPH BRAIN
(Typed or printed name of signee)

Filing Fee: \$25.00