# P16957

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### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LiveTV Airfone Inc.
(Name of Corporation)
DOCUMENT NUMBER: P16957
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lester D. Kuchar
(Name of Person)
LiveTV Airfone Inc.
(Firm/Company)
2809 Butterfield Road, Suite 190
(Address)
Oak Brook, IL 60522
(City/State and Zip code)
For further information concerning this matter, please call:
Lester Kuchar <sub>at (</sub> 630 <sub>)</sub> 575-1235
(Name of Person) (Area Code & Daytime Telephone Number)

## **MAILING ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

LiveTV Airfone Inc.

(Name of Corporation)	
P16957	
(Document Number of Corporation (if known)	
Delaware.	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of F voluntarily surrenders its authority to transact business or conduct affairs in Florida.	Florida and hereby
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of action time it was authorized to transact business or conduct affairs in Florida.	on its behalf and arising during the
The following is a current mailing address for the corporation:	
2809 Butterfield Road, Suite 190	THE WAY
(Mailing Address) Oak Brook, IL 60522	SSEE, PA
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mai  (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)	ling address.
Karen Hawkins  (Typed or printed name of person signing)  Treasurer  (Title of person signing)	gning)

FILING FEE \$35