

D11600000004

(Requestor's Name)

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(Address)

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(Business Entity Name)

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Dec. Trust  
Withdrawal

DEC 05 2016

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The MSN TO 69 Trust  
(Name of Corporation)

**DOCUMENT NUMBER:** D11000000004

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wana Bullen  
(Name of Person)

Invercenter USA  
(Firm/Company)

1395 Brickell Ave Suite 1080  
(Address)

Miami, FL 33131  
(City/State and Zip code)

For further information concerning this matter, please call:

Wana Bullen at 305, 442-8648  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee    \$43.75 Filing Fee & Certificate of Status    \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

DEC. TRUST  
**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

The MSN 1069 TRUST

(Name of Corporation)

Dec. Trust

D 11 0000 0000 4

(Document Number of Corporation (if known))

Dec. Trust

Utah

(Incorporated Under Laws of)

Dec. Trust

This ~~corporation~~ is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

Dec. Trust

This ~~corporation~~ revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

Dec. Trust

The following is a current mailing address for the ~~corporation~~:

1395 Brickell Ave Suite 1080

(Mailing Address)

Miami, FL 33131

(City/ State /Zip)

Dec. Trust

The ~~corporation~~ agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Nancy Bullen

(Typed or printed name of person signing)

11/21/2016

(Date)

CPA/Manager

(Title of person signing)

**FILING FEE \$35**