## 711000001311

(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:				
Certified Copies Certificates of Status				

Office Use Only



300299527903





W(D MAY 2.4 2017 R. WHITE CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 6548.05 7278570							
AUTHORIZATION: Spelle le man							
COST LIMIT : \$ 43.75							
ORDER DATE: May 23, 2017							
ORDER TIME : 3:39 PM							
ORDER NO. : 654805-015							
CUSTOMER NO: 7278570							
FOREIGN FILINGS  NAME: CALNET, INC.							
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY							
XXXX WITHDRAWAL/CANCELLATION							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS							

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
ermo i	CALNET Inc						
SUBJECT: (Name of Corporation)							
DOC	UMENT NUMBER:						
The e	nclosed withdrawal application and	fee are submitted for t	filing.				
	return all correspondence concerning to the following:	g this					
	Kaleem Shah						
	(Name of Person) CALNET, Inc.						
		(Firm/Company)					
	12359 Sunrise Valley Drive, Suite 270	0					
		(Address)					
	Reston, VA 20191						
	(C	City/State and Zip code	)				
For fur	ther information concerning this matt	ter, please call:					
Kaleen	n Shah	703 5	47-6801				
Enclos	(Name of Person) ed is a check for the amount:	(Area Coo	le & Daytime Telephone Number)				
<b>]\$</b> 35	Filing Fee \$\frac{1}{2}\$43.75 Filing Fee & \$\frac{1}{2}\$ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified				
	MAILING ADDRESS:		STREET ADDRESS:				
	Amendment Section Division of Corporations		Amendment Section Division of Corporations				
	P.O. Box 6327		2661 Executive Center Circle				

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

CALNET, Inc.					
(Name of Corporation)	(Name of Corporation)				
(Document Number of Corporation	ı (if known)				
Maryland					
(Incorporated Under Laws of)					
voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in the following is a current mailing address for the corporation:	Florida to accept service on its behalf and ess based on a cause of action arising during a Florida.				
12359 Sunrise Valley Drive, Suite 270	(4) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
(Mailing Address)					
Reston, VA 20191					
(City/ State /Zip)					
The corporation agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ure of any change in its mailing address.  5/22/2017  (Date)				
receiver or outer coun appointed nouclary, by that nouclary)					
Kaleem Shah	CEO				
(Typed or printed name of person signing)	(Title of person signing)				

**FILING FEE \$35** 

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
	CALNET Inc				
SUBJ	ECT:	(Name of Corporati	ion)		
		(rumo or corporati	<i></i>		
DOC	UMENT NUMBER:				
The er	nclosed withdrawal application and	d fee are submitted for	filing.		
	return all correspondence concernit to the following:	ng this			
	Kaleem Shah				
		(Name of Person)			
	CALNET, Inc.				
		(Firm/Company)			
	12359 Sunrise Valley Drive, Suite 270				
		(Address)			
	Reston, VA 20191				
	(1	City/State and Zip code	<del></del>		
For fur	ther information concerning this ma	tter, please call:			
Kaleem	Shah	703 st (	547-6801		
Enclose	(Name of Person) ed is a check for the amount:	(Area Co	de & Daytime Telephone Number)		
\$35	Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified		
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle		

Tallahassee, FL. 32301

Tallahassee, FL.32314