

F1100000 2893

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK UP

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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RECEIVED  
MAR 18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 573988 5059731

AUTHORIZATION :

*Greg Coleman*

COST LIMIT : \$ 35.00

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ORDER DATE : December 15, 2020

ORDER TIME : 9:25 AM

ORDER NO. : 573988-055

CUSTOMER NO: 5059731  
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FOREIGN FILINGS

NAME: PLAZA ONE REALTY CO.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

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

Plaza One Realty Co.

\_\_\_\_\_  
(Name of Corporation)

F11000002893

\_\_\_\_\_  
(Document Number of Corporation (if known))

IL

07/15/2011

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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.

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.

The following is a current mailing address for the corporation:

c/o State Farm Mutual Automobile Insurance Company,  
Office of the Corporate Secretary, One State Farm Plaza, Flr. E-10

\_\_\_\_\_  
(Mailing Address)

Bloomington, IL 61710

\_\_\_\_\_  
(City/ State /Zip)

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

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

Dick Paul

\_\_\_\_\_  
(Typed or printed name of person signing)

2/8/2021

\_\_\_\_\_  
(Date)

Vice President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**