

F14000002744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

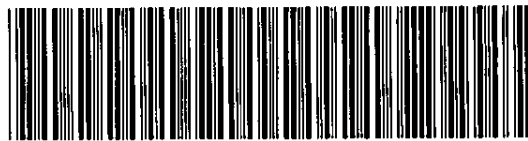
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

15 FEB 24 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 24 AM 10:45
AM 11:42

FEB 25 2015
T. LEMIEUX

pm

ACCOUNT NO. : I20000000195
REFERENCE : 499170 7278977
AUTHORIZATION : *Spudde man*
COST LIMIT : \$ 35.00

ORDER DATE : February 11, 2015
ORDER TIME : 10:22 AM
ORDER NO. : 499170-005
CUSTOMER NO: 7278977

FOREIGN FILINGS

NAME: HTMS, INC.

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: On Hold -- See Rep - EXT#

EXAMINER: _____

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

HTMS, INC.

(Name of Corporation)

F1400002744

(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 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:

9025 BEACON AVENUE

(Mailing Address)

VANCOUVER, WA 98664

(City/ State /Zip)

15 FEB 24 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

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

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

2/17/15
(Date)

TOM KENT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35