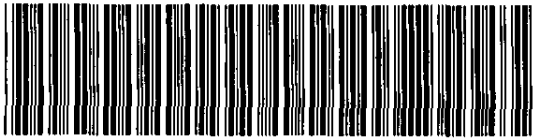


F96000002205



900269836449

(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:  
  
*File  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR - 9 AM 9:51

*C.L.  
3-10-15*

file second  
\*do not separate  
please\*

ACCOUNT NO. : I20000000195

REFERENCE : 533175 4311639

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : March 9, 2015

ORDER TIME : 1:12 PM

ORDER NO. : 533175-020

CUSTOMER NO: 4311639

FOREIGN FILINGS

NAME: IBIS/REC INC.

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: Courtney Williams - EXT# 62935

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

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

IBIS/REC INC.  
\_\_\_\_\_  
(Name of Corporation)

F9600002205  
\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware  
\_\_\_\_\_  
(Incorporated Under Laws of)

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DIVISION OF CORPORATIONS  
15 MAR -9 AM 9:51

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.

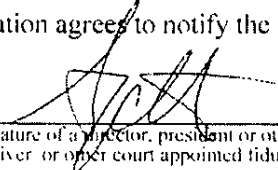
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

4500 PGA Boulevard, Suite 400  
\_\_\_\_\_  
(Mailing Address)

Palm Beach Gardens, Florida 33418  
\_\_\_\_\_  
(City/ State /Zip)

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)

3-6-15  
\_\_\_\_\_  
(Date)

Sydney W. Kitson  
\_\_\_\_\_  
(Typed or printed name of person signing)

Director and President  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**