## 13368

(Requestor's Name)				
(Address)				
(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:				
J. HORNE				
AUG 2 8 2025				
7.00 2 0 2025				

Office Use Only



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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	08/27/2025				
Name:	Delijah Showers	<u> </u>			
	2861396				
Entity Name	DELAWARE NORTH COMPAN	ES TRAVEL HOSPITALITY SERVICES, INC.			
Article	es of Incorporation/Authorization	on to Transact Business			
Amer	ndment				
☐ Chan	ige of Agent				
Reins	statement				
Conv	☐ Conversion				
☐ Merg	er				
<b>✓</b> Disso	olution/Withdrawal				
☐ Fictiti	ious Name				
Othe	r				
Authorized A	Amount: <b>\$35</b>				
Signature:	Delizah Showers				



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:0	3/27/2025				
Name:	Delijah Showers				
Reference #:	2861396	-			
		TRAVEL HOSPITALITY SERVICES, INC.			
☐ Articles	of Incorporation/Authorization	to Transact Business			
☐ Amendn	nent				
Change	of Agent				
Reinstat	ement				
☐ Convers	Conversion				
Merger					
✓ Dissolut	ion/Withdrawal				
Fictitious	s Name				
Other_	4716				
Authorized Amo	ount: <b>\$35</b>				
Signature: 120	lisah Showara				

## **COVER LETTER**

1().	Division o	f Corporations			
SUBJI	ECT:	Delaware North	Companies	Travel Hospitali	ty Services, Inc.
	<del></del>		(Name o	f Corporation)	
DOCU	JMENT NU	JMBER:		P13368	2000
The en	closed with	drawal application and	fee are sub	mitted for fili	ng.
Please	return all co	orrespondence concerning	g this matte	er to the follow	ving:
			Timothy G	6. McEvoy	
			(Name o	f Person)	
			Delawa	re North	
			(Firm/C	ompany)	
			250 Delawa	are Avenue	
			(Add	ress)	
			Buffalo, N	IY 14202	
		(0	City/State a	nd Zip code)	
For fur	ther informa	ation concerning this mat	ter, please	call:	
	Tim	othy G. McEvoy	at (	716	858-5237
	(Na	me of Person)	(	(Area Code	858-5237 & Daytime Telephone Number)
Enclose	ed is a checl	c for the amount:			
□ \$35	Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifico	l Copy onal copy is	Certificate of Status & Certified
	Mailing Addr Amendmen Division of P.O. Box 61 Tallahassec	t Section Corporations 327	Ai Di Th 24	reet Address: mendment Sectivision of Corp the Centre of Ta 15 N. Monroe Ilahassee, F.L.	orations Illahassee Street, Suite 810

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

Delaware North Companies Travel Hospi	ality Services, Inc.
(Name of Corporation)	5
P13368	T).
(Document Number of Corporation	(if known)
Delaware	
(Incorporated Under Laws of and date authorized to transa	t business/conduct its affairs)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	ffairs within the State of Florida and hereby affairs in Florida.
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
250 Dealware Avenue	
(Mailing Address)	
Buffalo, NY 14202	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the futu	re of any change in its mailing address.
Molat C. Thornan	08/14/2025
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Datc)
Robert Thormeier	Chief Operating Officer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35