

P40158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

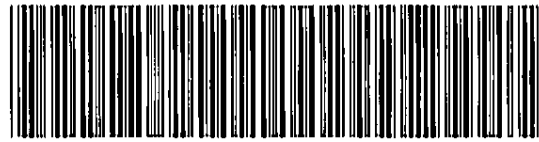
(Business Entity Name)

(Document Number)

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2021 OCT 31 AM 11:08  
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TALLAHASSEE, FL

10/04/21--01001--003 \*\*212.50

RECEIVED  
2021 OCT - 1 PM 3:21  
U.S. DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

10/21/21  
4:00

52.50

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 10/1 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** FOREIGN WITHDRAWAL \_\_\_\_\_

1. TRANSWORLD NETWORK, CORP  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TransWorld Network, Corp.

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

**DOCUMENT NUMBER:** P40158

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Miller and/or Jamie Reed

\_\_\_\_\_  
(Name of Person)

TransWorld Network, LLC

\_\_\_\_\_  
(Firm/Company)

255 Pine Ave N

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

Oldsmar, FL 34677

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

For further information concerning this matter, please call:

Jamie Reed

at ( 813 ) 891-4700 Ext. 4231

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

TransWorld Network, Corp.

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

P40158

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

Minnesota, December 23, 1988

\_\_\_\_\_  
(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:

255 Pine Ave N

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

Oldsmar, FL 34677

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

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TALLAHASSEE, FL

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

Donna Miller

Donna Miller Oct 1, 2021 12:13:07

10/1/2021

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

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

Donna Miller

CFO

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

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

**FILING FEE \$35**