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TO:	Amendment Section Division of Corporations		
SUBJ			
		(Name of Corporation)	
DOC	UMENT NUMBER:		
The e	nclosed withdrawal application and	fee are submitted for filing.	
Please	e return all correspondence concerning	ng this matter to the following:	
	VICKIE POTTER		
		(Name of Person)	
	AMERIPRIDE SERVICES INC		
		(Firm/Company)	
	5880 NOLENSVILLE PIKE		
		(Address)	
	NASHVILLE TN 37211		
	(((City/State and Zip code)	
For fi	urther information concerning this mat	atter, please call:	
ANDF	REWUNTON	215 238-3239 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclo	esed is a check for the amount:		
□ \$3	5 Filing Fee 🛛 \$43.75 Filing Fee & Certificate of Status	 S Certified Copy (Additional copy is Enclosed) S Certificate of Status & Certificate of	
	<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> 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

AMERIPRIDE SERVICES INC

(Name of Corporation)

(Document Number of Corporation (if known)

DELAWARE 06/12/1959

(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.

following is a current mailing address for the corporation:	BECRI TAL
5880 NOLENSVILLE PIKE	
(Mailing Address)	SSEF
NASHVILLE TN 37211	STAL E.FL
(City/ State /Zip)	ाने 🐜

orporation agrees to notify the Department of State in the furure of any change in its mailing address. The.

(Signature of

5/27/2020 (Date)

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

TREASURER

(Typed or printed name of person signing)

JAMES J. TARANGELO

(Title of person signing)

FILING FEE \$35