

850322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

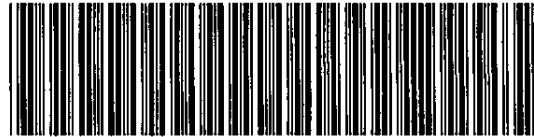
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 30 PM 4:45

FILED

Withdrawal

DEC 30 2016

D CUSHING

Kelly Maniuszko
1000 Technology Dr., MS 140
O'Fallon, MO 63368

Tel 636.261.6979
Fax 1.877.267.6031
Kelly.maniuszko@citi.com

CitiFinancial



December 29, 2016

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Citicorp National Services, Inc.'s Application for Withdrawal

Dear Sir/Madam:

Enclosed herein, please find Citicorp National Services, Inc.'s executed Application for Withdrawal and requisite fee. Upon filing please return the Certificate of Withdrawal to my attention at the following address:

Kelly Maniuszko
1000 Technology Drive, MS 140
O'Fallon, MO 63368

Should you have any questions regarding this matter, please contact me at 636-261-6979 and/or kelly.maniuszko@citi.com. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kelly A. Maniuszko".

Kelly A. Maniuszko
Associate Senior Paralegal

kam/tbm
Enclosures

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16 DEC 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Citicorp National Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: 850322

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

Please return all correspondence concerning this
matter to the following:

Kelly Maniuszko

(Name of Person)

CitiFinancial

(Firm/Company)

1000 Technology Drive, MS 140

(Address)

O'Fallon, MO 63368

(City/State and Zip code)

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18 DEC 30 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kelly Maniuszko

at (636) 261-6979

(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
2661 Executive Center Circle
Tallahassee, FL. 32301

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

Citicorp National Services, Inc.

(Name of Corporation)

850322

(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:

1000 Technology Dr., MS 140

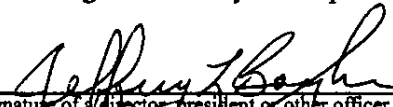
(Mailing Address)

OFallon, MO 63368

(City/ State /Zip)

FILED
18 DEC 30 PM 4:45
SECRETARY OF STATE
DOCKMASTER, 1100 PENN.

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)

12/29/16
(Date)

Jeffery L. Boyher

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35