

FO0000001376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 AUG -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE

13 AUG -9 PM 4:22

AUG 12 2013
T. LEMKEUX



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 755066 7185856

AUTHORIZATION :

COST LIMIT : \$ 35.00

[Handwritten signature]

ORDER DATE : August 7, 2013

ORDER TIME : 3:51 PM

ORDER NO. : 755066-075

CUSTOMER NO: 7185856

PLEASE FILE 1ST
DUE TO CONVERSION IN DOMESTIC
STATE. FILE 2ND IS THE LLC
QUAL DOCS.

FOREIGN FILINGS

NAME: OFFICE SUITES PLUS PROPERTIES,
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: Susie Knight - EXT# 52956

EXAMINER: _____

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

Office Suites Plus Properties, Inc
(Name of Corporation)

(Document Number of Corporation (if known))

Georgia
(Incorporated Under Laws of)

SECRET
TALLAHASSEE, FLORIDA

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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:

15305 Dallas Parkway Suite 400
(Mailing Address)

Addison, Tx 75001
(City/ State /Zip)

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

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

8/8/13
(Date)

Michael Osburn
(Typed or printed name of person signing)

Authorized Person
(Title of person signing)

FILING FEE \$35