

F.00000006075

Requester's Name

Address

City/State/Z

ASN
3117 Main St. Suite A
Duluth, GA 30096

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

01 MAR -5 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

000003797960--6
-03/05/01-01085-002
*****35.00 *****35.00

With
3-8-01
MS

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

Ability Services Network, Inc.
(Name of Corporation)

Georgia
(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

3117 Main Street, Suite A
(Mailing Address)

Duluth, GA. 30096
(City/ State /Zip)

01 MAR -5 PM 4:12
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Susanne Martini President
Signature of the chairman or vice chairman of the board, president, or any officer. Title
SUSANNE MARTINI 3/1/01
Typed or printed name Date