F01000003296

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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2021 SEP TO PM 6: 30 SEGRETARY OF STATE

S. PRATHER

COVER LETTER . . .

TO: Amendment Section Division of Corpora		
Total Parts Plus	. Inc	
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER	F01000003296	
The enclosed withdrawal	application and fee are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
Abbe Noah		
<u> </u>	(Name of Person)	
Total Parts Plus, LLC		
	(Firm/Company)	
70 Ready Ave NW		
	(Address)	
Fort Walton Beach, I	°L 32548	
	(City/State and Zip code)	
For further information co	neerning this matter, please call:	
Abbe Noah	at (226-1799	
(Name of P		
Enclosed is a check for the	amount:	
=	75 Filing Fee & \$\Begin{array}{ll} \$43.75 Filing Fee & \$\Begin{array}{ll} \$52.50 Filing Fee, & Certificate of Status & C	
Mailing Address: Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	The Centre of Tallahassee	

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

Total Parts Plus, Inc.	
(Name of Corporat	ion)
F01000003296	
(Document Number of Corpora	ation (if known)
Delaware, 06/20/2001	
(Incorporated Under Laws of and date authorized to tr	ransact business/conduct its affairs)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority of its registered agent appoints the Department of State as its agent for service of protime it was authorized to transact business or conduct affairs in	duct affairs in Florida. It in Florida to accept service on its behalf and cess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
70 Ready Ave NW	DZ1 SE
(Mailing Address	
Fort Walton Beach, FL 32548	ILED RY OF ST
(City/ State /Zip	ATE RIDA
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
(Signature of a director president or other officer - if in the hands of a	(Date)
receiver or other court appointed fiduciary, by that fiduciary)	
Cathy Iler	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35