

F020000001401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

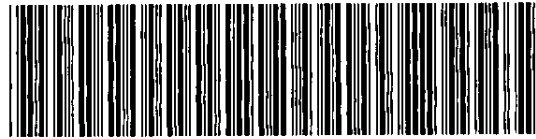
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Withdrawal

RECEIVED
DEPARTMENT OF STATE
13 MAR -5 PM 4:28

FILED
2013 MAR -5 PM 4:49
SEE DEPT OF STATE
TALLAHASSEE, FLORIDA

DR

3/6/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 559098 7736905

AUTHORIZATION :

COST LIMIT :

\$ 35.00

[Handwritten signature]

ORDER DATE : March 5, 2013

ORDER TIME : 2:53 PM

ORDER NO. : 559098-045

CUSTOMER NO: 7736905

FOREIGN FILINGS

NAME: CMS PALMA SOLA CORP.

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: _____

FILED

APR 5 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CMS PALMA SOLA CORP.

(Name of Corporation)

F02000001401

(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:

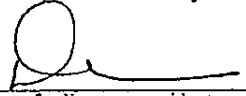
c/o Donna Rittershausen, CMS Companies, 308 E. Lancaster Avenue, Suite 300

(Mailing Address)

Wynnewood, PA 19096

(City/ State /Zip)

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)

8-4-13
(Date)

Donna M. Rittershausen
(Typed or printed name of person signing)

V.P.
(Title of person signing)

FILING FEE \$35