

Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL BAUMANN SPRINGS NORTH AMERICA, INC.

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Corporate Filing Menu

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10/16/2012

CT CORPORATION

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10/16/2012 16:06

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

Baumann Springs North America,Inc.	•
(Name of Corporation	<u>(</u>)
F02000005918	12 00 ALLA
(Document Number of Corporation	
North Caroloina	IS AH
(Incorporated Under Law	500
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	affairs within the State of Florida and hereby a affairs in Florida.
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs	cess based on a cause of action arising during
The following is a current mailing address for the corporation:	•
3075 N. Great Southwest Pkwy	
(Mailing Address)	-
Grand Prairie, TX 75050	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.
(Kedwhy)	October 16, 2012
(Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Pedro L Sainz	CEO .
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

17.032 - 05/16/2012 Wolters Khover Caline

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Withdrawal of a Foreign Corporation
	(Name of Corporation)
рос	UMENT NUMBER: F02000005918
The e	nclosed withdrawal application and fee are submitted for filing. e return all correspondence concerning this matter to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
,	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
	(Name of Person) at () (Area Code & Daytime Telephone Number)
Enclo	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:
□ \$3:	S Filing Fee \$\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(Additional copy is Enclosed)} \\ \text{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

FL037 - 05/16/2012 Wallers Kluwer Oalson