

FO2000006197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 AUG 13 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 AUG 13 AM 10:42
DIVISION OF CORPORATIONS

AUG 14 2015
T. LEMIEUX
RL



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 206445 4375876

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 7, 2014

ORDER TIME : 8:36 AM

ORDER NO. : 206445-400

CUSTOMER NO: 4375876

FOREIGN FILINGS

NAME: ANALYTIC VISION, 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: Courtney Williams - EXT# 62935

EXAMINER: _____

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

Analytic Vision, Inc.

(Name of Corporation)

F02000006197

(Document Number of Corporation (if known))

North Carolina

(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:

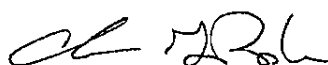
c/o Chris Beasley, 1255 Alderman Drive

(Mailing Address)

Alpharetta, GA 30005

(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)

7/31/17

(Date)

Chris Beasley

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

FILING FEE \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 13 PM 12:00

APPROVED
AND
FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Analytic Vision, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F02000006197

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Chris Beasley

(Name of Person)

Analytic Vision, Inc.

(Firm/Company)

1255 Alderman Drive

(Address)

Alpharetta, GA 30005

(City/State and Zip code)

For further information concerning this matter, please call:

Terri Branson

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified 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