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## **COVER LETTER**

10:	Division of Corporations			
SUBJ	ECT: BDFS, Inc Dissolution			
5000		(Name of Corporation)		
DOC	UMENT NUMBER: F0300000353	33		
The e	nclosed withdrawal application a	and fee are submitted for filing.		
Please	return all correspondence concern	ning this matter to the following:		
	Sharon Nolan			
		(Name of Person)	_	
	Black Diamond Mangement Services, Inc.			
		(Firm/Company)	_	
	PO Box 172117			
		(Address)	- <b>1</b> 488	
	Tampa, FL 33672	•	\$868 V	
		(City/State and Zip code)	72	
For fu	rther information concerning this	matter, please call:	7	
Sharon		at (813 367-5281	11:55 er)	
	(Name of Person)	(Area Code & Daytime Telephone Number	c <u>r)</u> %	
Enclos	sed is a check for the amount:			
■ \$35	Filing Fee	&     \$\Bigsize \\$43.75 \text{ Filing Fee & } \Bigsize \\$52.50 \text{ Filing Fee, } \\     \$\text{Certified Copy }  Certificate of Status &		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

BDFS, Inc.

(Name of Co	rporation)
F03000003533	
(Document Number of C	orporation (if known)
Delaware	
(Incorporated Un	nder Laws of)
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or This corporation revokes the authority of its registered	conduct affairs in Florida.
appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affa	of process based on a cause of action arising during th
The following is a current mailing address for the corpora	ttion: 19 DEC
PO Box 172117	0 -
(Mailing A	ì
Tampa, FL 33672	<b>☆</b>
(City/ Stat	e/Zip) 53 005
The corporation agrees to notify the Department of State	in the future of any change in its mailing address.
The state of the s	12/10/19
(Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	of a (Date)
Scott Atwood	Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35