## F04000001695

(Reque	stor's Name)	
(Addres	ss)	
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Withdrawal

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## **COVER LETTER**

	Amendment Section Division of Corporations		
SUBJEC	ct: Emergency Pespanse	Marketiry, II Name of Corporation	<u>1C·</u>
DOCUM	MENT NUMBER: <u>F04000</u>	0001695	
	osed withdrawal application and fe		<del>-</del>
	Brittony Kilway	(Name of Person)	<del></del>
	SafeRide Motor	CLUD, Inc. (Firm/Company)	
	14135 midway 1	<u>Pood, Suile 160</u> (Address)	6
	<u>Addison, TX 750</u> (Cit	) y/State and Zip code)	
For furth	er information concerning this matte	r, please call:	
	Hany Kilway (Name of Person) I is a check for the amount:	at ( <u>972</u> ) (Area Code	455 - 2031 e & Daytime Telephone Number)
□\$35 F	iling Fee \$\bigs\tag{\text{\$43.75 Filing Fee & \text{\$\sqrt{\text{\$\sqrt{\text{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		STREET ADDRESS: Amendment Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

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

- Thergency Kesponse Markenny, Inc. (Name of Corporation)
F0400001695 (Document Number of Corporation (if known)
Caufornia (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Forida 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:
14135 Midway Rd. Suita 1506 (Mailing Address)
Addison, TX 75001 (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)  (Date)
(Typed or printed name of person signing)  President (Title of person signing)

**FILING FEE \$35**