

F040000002975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700051507207

04/26/05--01068--013 \*\*35.00

FILED

05 APR 26 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdrawal

T BROWN MAY - 4 2005

**Brandywine Financial Services Corporation**

**P.O. Box 999**

**Chadds Ford, PA 19317**

**Ph: (610) 388-9600**

**Fax: (610) 388-9616**

April 19, 2005

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Shoppes of Semoran, Inc.  
#F04000002975  
Withdrawal Application

Via Certified Mail  
Return Receipt Requested  
7004 2890 0001 7246 6066

Dear Sir/Madam:

Enclosed please find the Application by Foreign Corporation For Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for the above-referenced corporation along with a check in the amount of \$35.00 for the filing fee. Please send evidence of the filing to my attention at the address shown above.

Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Dot Dallas  
A. A. to Chief Financial Officer

Enclosures

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shoppes of Semoran, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** FO4000002975

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

Please return all correspondence concerning this matter to the following:

Dot Dallas

(Name of Person)

Brandywine Financial Services Corporation  
(Firm/Company)

2 Pond's Edge Drive

(Address)

Chadds Ford, PA 19317

(City/State and Zip code)

For further information concerning this matter, please call:

Dot Dallas

(Name of Person)

at

( 610 ) 388-9600

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

Shoppes of Semoran, Inc.

(Name of Corporation)

FO4000002975

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED  
05 APR 26 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

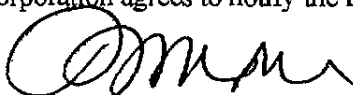
P.O. Box 999

(Mailing Address)

Chadds Ford, PA 19317

(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)

4/18/05

(Date)

Bruce E. Moore

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**