

**\*\*FILE FIRST, BEFORE  
H24000062401**

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

**\*\*FILE FIRST, BEFORE  
H24000062401**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H24000062396 3)))



H240000623963ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**DISSOLUTION OR WITHDRAWAL  
AMERICAN FINANCIAL RESOURCES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

**\*\*FILE FIRST, BEFORE  
H24000062401**

**\*\*FILE FIRST, BEFORE  
H24000062401**

**FILED**  
2024 FEB 14 AM 9:29  
CLERK OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

2024 FEB 14 11:06:36

## COVER LETTER

H24000062396

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Financial Resources, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F04000004100

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Capitol Services - Corporate Filings Team

(Firm/Company)

515 East Park Avenue 2nd Fl

(Address)

Tallahassee, FL 32301

(City/State and Zip code)

For further information concerning this matter, please call:

at ( 855 ) 498 - 5500

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H24000062396

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

(Name of Corporation)

(Document Number of Corporation (if known))

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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.

(Mailing Address)

(City/ State /Zip)

**Designed by:**

-DISSEMINATION-

(Date)

(Title of person signing)

H24000062396