F04000004547

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SAIR SEP 17 AMII:

RECEIVED INT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 387918 8023455

COST LIMIT : \$ 35.00

ORDER DATE : September 14, 2018

ORDER TIME : 9:38 AM

ORDER NO. : 387918-015

CUSTOMER NO: 8023455

FOREIGN FILINGS

NAME: HUTHWAITE, 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: Emily Croft - EXT# 62925

EXAMINER:

COVER LETTER

	Oivision of Corporations HUTHWAITE, INC.	
SUBJEC	HUTHWAITE, INC.	ć
	(Name of Corporation)	
DOCUM	1ENT NUMBER: F04000004547	
The encl	osed withdrawal application and fee are submitted for filing.	
	eturn all correspondence concerning this the following:	
	(Name of Person)	
	(Firm/Company)	
	(Address)	
	(City/State and Zip code)	
For furth	er information concerning this matter, please call:	
Enclosed	(Name of Person) (Area Code & Daytime Telephone Number) is a check for the amount:	_
\$35 Fi	iling Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)	:d)

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

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

HUTHWAITE, INC.	on (if known)			
(Name of Corporation				
The state of the s				
F04000004547	· · · · · · · · · · · · · · · · · · ·			
(Document Number of Corporation	n (if known)			
DELAWARE				
(Incorporated Under Law	s of)			
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	g affairs within the State of Florida and hereby et affairs in Florida.			
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs	cess based on a cause of action arising during			
The following is a current mailing address for the corporation:				
8875 HIDDEN RIVER PRKWY, SUITE 400				
(Mailing Address)				
TAMPA FL 33637				
(City/ State /Zip)				
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.			
(Mei Mi	14 SEPTEMBER 2018			
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)			
CHRIS ALLINGHAM	DIRECTOR/SECRETARY			
(Typed or printed name of person signing)	(Title of person signing)			