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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

## DISSOLUTION OR WITHDRAWAL KARL'S EVENT SERVICES, INC.

| Certificate of Status | 0       |
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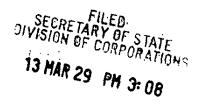
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## **COVER LETTER**

| TO:            | Amendment Section Division of Corporat                          | ions                              |  |  |     |
|----------------|---|-----------------------------------|--|--|-----|
| SUBJ           | Karl's Event Serv   | ices, Inc.                        |  |  |     |
| 0020           |   |                                   | (Name of Corpora   | tion)  |     |
| DOC            | UMENT NUMBER:   | E04000004635                      |  |  |     |
| The e          | nclosed withdrawal a  | pplication and                    | fee are submitted fo   | or filing.   |     |
|                | e return all corresponder to the following:                     | ence concerning                   | g this   |  |     |
|                | Kenneth J. Rickert  |                                   |  |  |     |
|                |   |                                   | (Name of Person)   |  |     |
|                | Foley & Lardner LLP   |                                   |  |  |     |
|                | <u> </u>  |                                   | (Firm/Company)   |  |     |
|                | 777 Bast Wisconsin A  | venue                             |  |  |     |
|                |   |                                   | (Address)  |  |     |
|                | Milwaukec,  | M1                                | 53202  |  |     |
|                |   | ((                                | City/State and Zip co  | ode)   |     |
| For ft         | orther information conc   | erning this mat                   | ter, please call:  |  |     |
| Sarah          | Endres  |                                   | 414  | 297-5278   |     |
| Enclo          | (Name of Per<br>sed is a check for the a                        |                                   | (Area  | ) 297-5278<br>Code & Daytime Telephone Number)   |     |
| <b>∑</b> ]\$3. | 5 Filing Fee \$43.75<br>Certif                                  | Filing Fee & [<br>icate of Status | \$43.75 Filing Fe<br>Certified Copy<br>(Additional copy<br>Enclosed) | Certificate of Status & Certified  | ed] |
|                | MAILING A Amendment S Division of C P.O. Box 632 Tallahassee, F | Section<br>orporations<br>7       |  | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301 |     |

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

(Name of Corporation)

Karl's Event Services, Inc.

|                            |   | <b>-</b> 1  | E. man  |   |  |  |  |  |
|----------------------------|---|---|---|---|--|--|--|--|
|                            |   | Fo40000<br>(Document Numb                             | or Corporati  | oa (il known)   |  |  |  |  |
|                            | Wisconsin   |   |   |   |  |  |  |  |
|                            |   | (Incorpor   | uted Under Lav  | we of)  |  |  |  |  |
| This con appoints the time | ily surrenders its as<br>poration revokes to<br>the Department of<br>it was authorized to | thority to transact busis<br>he authority of its regi | ness or condu-<br>attred agent<br>ervice of pro-<br>mduot affairs | in Florida to accept service on its behalf and<br>seess based on a cause of action arising during |  |  |  |  |
|                            | c/o P&L Corp., 777  | East Wisconnin Avenue                                 |   |   |  |  |  |  |
|                            | (Mailing Address)   |   |   |   |  |  |  |  |
|                            | Milwankee,  | WI  | 53202   |   |  |  |  |  |
|                            |   | (0)   | y/ State /Zip)  |   |  |  |  |  |
| _                          | <u></u>   | cotify the Department of                              | ·   | March 29, 2013  |  |  |  |  |
| J                          | John Harmen   |   |   | Chief Exsoutive Officer   |  |  |  |  |
| -                          | (Typed or printed   | name of person signing)                               |   | (Title of percen signing)   |  |  |  |  |

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