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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CAPITAL SHORES, (Name	INC.
(Name	e of Corporation)
DOCUMENT NUMBER: F050000	
The enclosed withdrawal application and fee are s	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
KRISTEN SCHMIDT (Name (AP) to (Sho)	e of Person)
CAPITEL Show	C-C-S
(Firm	/Company) /
3((n) (N) St. (a	cis St
(A) (A) (A) (A) (City/State	AL 719-13
/(City/Stat	e and Zip code)
For further information concerning this matter, please of further information concerning this matter.	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	(
(Add	6.75 Filing Fee & \$\sup\$\$ \$\\$52.50 Filing Fee, fied Copy Certificate of Status & Certified Copy (Additional copy is enclosed) 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

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

CAPITAL SHORES, INC. (Name of Corporation)
(Name of Corporation)
F 05 0000 558 5 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
ARKANSAS
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
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:
The following is a current mailing address, for the corporation:  3 ((()) (()) (()) (()) (()) (()) (())
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 of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
(Typed or printed name of person signing)  (Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35**