

FOLLOWS

W

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

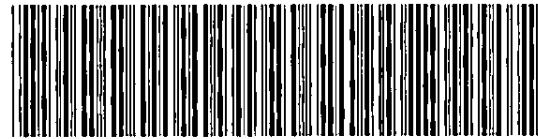
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100426815761

2024 APR 11 PM 4:20

RECEIVED

RECEIVED

2024 APR 11 PM 3:14

RECEIVED



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 04/11/24
Order #: 1473940-2
Re: Florida Pre-Planning Alliance, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Pre-Planning Alliance, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F06000000360

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

Please return all correspondence concerning this matter to the following:

Monica L. Gutierrez

(Name of Person)

NorthStar Memorial Group, LLC

(Firm/Company)

1900 St. James Place, Suite 300

(Address)

Houston, TX 77056

(City/State and Zip code)

2021 APR 11 PM 4:20

For further information concerning this matter, please call:

Monica L. Gutierrez

at (832) 308-2722

(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

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

Florida Pre-Planning Alliance, Inc.

(Name of Corporation)

F06000000360

(Document Number of Corporation (if known))

DE. 01/19/2006

(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:

1900 St. James Place, Suite 300

(Mailing Address)

Houston, TX 77056

(City/ State /Zip)

2024 FEB 11 PM 4:20

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by

Timothy Birch

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

04/10/24

(Date)

Timothy A. Birch

(Typed or printed name of person signing)

EVP

(Title of person signing)

FILING FEE \$35