

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

: (850)224-1640

061668.824

DISSOLUTION OR WITHDRAWAL

TOGO'S EATERIES, INC.

| Certificate of Status | 0 |
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withdrawal of 2

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

| Togo's Eateries, | , Inc. | | | |
|--|---|------------------------------|------------------|--------------|
| (Name of Corporation) | | | • | , |
| F060000007 | | , | _ | |
| (Document Number of Corporation | (if known) | <u>-</u> | • | |
| California | | | _ | |
| (Incorporated Under Laws | (01) | | | |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct | affairs within the State of affairs in Florida. | of Florida a | nd he | reby |
| This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Floring to the service of procestime it was authorized to transact business or conduct affairs in Floring to the service of the service o | s based on a cause of act | ice on its t tion arising | ochaif during | and g the |
| The following is a current mailing address for the corporation: | | | | |
| 18 North San Pedro Street | | 产的 | 98 | |
| (Mailing Address) | | | FEB | 11 |
| San Jose, CA 95110 | , | 355 | 29 | |
| (City/ State /Zip) | | | ⊋ | |
| The corporation agrees to notify the Department of State in the fu | mure of any change in its | mailing ad | ယ္ dress. | _ |
| | February /3 | - | _ | |
| (Signature of a director, president or other officer - if in the bands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date | | <u> </u> | |
| Anthony J. Gioia | Chief Executi | | er | |
| (Typed or printed name of person signing) | (Title of per | acu signing) | | - |
| • | | | | |

FILING FEE \$35