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To:

Division of Corporations

Fax Number : (850) 617-6380

. (050/51/ 0500

From:

Account Name : TRIAD PROFESSIONAL SERVICES COA Account Number : 120160000009

Phone : (770)777-2091
Fax Number : (770)220-1943

DISSOLUTION OR WITHDRAWAL ASSOCIATED DIVERSIFIED SERVICES INC.

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1

COVER LETTER

TO: Amendment Section	
Division of Corporations	DOLETED SEDVICES INC
0000000	RSIFIED SERVICES INC.
•	ne of Corporation)
DOCUMENT NUMBER: F060000010	J31
The enclosed withdrawal application and fee are	e submitted for filing.
Please return all correspondence concerning this matter to the following:	
Sharon K. Gray	
(Na	me of Person)
Triad Professional Serv	rices
(Fit	m/Company)
1720 Windward Conco	urse, Ste. 390
	(Address)
Alpharetta, GA 30005	
(City/Si	tate and Zip code)
For further information concerning this matter, pl	case call:
Sharon K. Gray	at (770)777-2091 (Area Code & Daytime Telephone Number)
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
(A	3.75 Filing Fee & \$\ \tag{\$52.50 Filing Fee,} \\ \text{Certificate of Status & Certified} \\ \text{dditional copy is anclosed} \)
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

Associated Diversified Service	es Inc.
(Name of Corporation)
F0600001031	
(Document Number of Corporation	n (if known)
Alabama	
(Incorporated Under Law	s of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduc	
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:	
3434 Kildaire Farm Road, Ste	2. 395 SEE C
(Mailing Address)	. 2 65 —
Cary, NC 27518	STATE ORIDI
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.
WAH	07/11/2018
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
William Thomas Newell	Secretary/Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35