## 于06000001533

| • (Re                   | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | : #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    | i         |
|                         |                    |           |
|                         |                    |           |

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DEPASTEEST OF STATE

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ACCOUNT NO. : 12000000195 REFERENCE : 553319 7867494 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: March 1, 2013 ORDER TIME : 2:13 PM ORDER NO. : 553319-005 XPIS file 15+ X CUSTOMER NO: 7867494 FOREIGN FILINGS NAME: PERFORMANCE TITLE INC \_\_\_ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF STATUS CONTACT PERSON: Carina L. Dunlap - EXT# 52951

EXAMINER:

## **COVER LETTER**

| TO:         | Amendment Section Division of Corporations  |   |  |  |  |  |
|-------------|---|---|--|--|--|--|
| SURJ        | TECT: PERFORMANCE TITLE INC   |   |  |  |  |  |
| 2020        |   | (Name of Corpo  | ration)  |  |  |  |
| DOC         | UMENT NUMBER: F06000001533  |   |  |  |  |  |
| The e       | nclosed withdrawal application and  | fee are submitted   | for filing.  |  |  |  |
|             | e return all correspondence concerning r to the following:                                      | g this  |  |  |  |  |
|             | STEVE BASHMAKOV   |   |  |  |  |  |
|             |   | (Name of Person   | n)   |  |  |  |
|             | ROUNDPOINT FINANCIAL GROUP INC  |   |  |  |  |  |
|             | (Firm/Company)  |   |  |  |  |  |
|             | 5032 PARKWAY PLAZA BLVD   |   |  |  |  |  |
|             |   | (Address)   |  |  |  |  |
|             | CHARLOTTE, NC 28217   |   |  |  |  |  |
|             | (0  | City/State and Zip  | code)  |  |  |  |
| For fu      | urther information concerning this mat  | tter, please call:  |  |  |  |  |
| STEV        | E BASHMAKOV   | 704<br>at (   | 426-8807   |  |  |  |
| Enclo       | (Name of Person) osed is a check for the amount:  | (Area   | a Code & Daytime Telephone Number)   |  |  |  |
| <b></b> \$3 | 5 Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status                                  | \$43.75 Filing<br>Certified Copy<br>(Additional co<br>Enclosed) | Certificate of Status & Certified  |  |  |  |
|             | 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 |  |  |  |

Tallahassee, FL.32314

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

|        | PERFORMANCE TITLE INC  |                          |                       |
|--------|--|--------------------------|-----------------------|
|        | (Name of Corporation)  |                          | <u> </u>              |
|        | F06000001533   |                          | *                     |
|        | (Document Number of Corporation  | (if known)               |                       |
|        |  |                          | <del> </del>          |
|        | LOUISIANA  |                          | ·                     |
|        | (Incorporated Under Laws   | of)                      |                       |
|        |  |                          |                       |
|        | orporation is no longer transacting business or conducting a arily surrenders its authority to transact business or conduct  |                          | of Florida and hereby |
| appoin | orporation revokes the authority of its registered agent in<br>its the Department of State as its agent for service of proce-<br>ne it was authorized to transact business or conduct affairs in | ess based on a cause of  |                       |
| The fo | llowing is a current mailing address for the corporation:  |                          |                       |
|        | 137 MAIN STREET  |                          |                       |
|        | (Mailing Address)  |                          |                       |
|        | BAY ST. LOUIS, MS 39520  |                          |                       |
|        | (City/ State /Zip)   |                          |                       |
| The co | orporation agrees to notify the Department of State in the fut   | ure of any change in its | mailing address.      |
|        | (Signature of a director, president or other officer, if in the bands of a   | (Date)                   |                       |
|        | (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  | (Date)                   | •                     |
|        | BRUCE CABELL   | OFFICER                  |                       |
|        | (Typed or printed name of person signing)  | /Title of now            | on signing)           |

**FILING FEE \$35**