

F06000002355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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Y SULKER  
DEC 16 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 195668 7956619  
AUTHORIZATION :   
COST LIMIT : \$35.00

ORDER DATE : November 3, 2021  
ORDER TIME : 5:07 PM  
ORDER NO. : 195668-035  
CUSTOMER NO: 7956619

FOREIGN FILINGS

NAME: ONE SOURCE RISK MANAGEMENT  
AND FUNDING, INC.

XX 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: Eyllena Baker - EXT#

EXAMINER: \_\_\_\_\_

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

One Source Risk Management and Funding, Inc.

\_\_\_\_\_  
(Name of Corporation)

F06000002355

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware 04/14/2006

\_\_\_\_\_  
(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:

62 US Route One

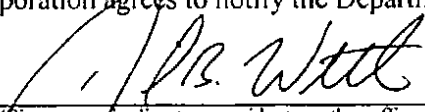
\_\_\_\_\_  
(Mailing Address)

Cumberland Foreside, ME 04110

\_\_\_\_\_  
(City/ State /Zip)

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TALLAHASSEE, FL

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

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

11/22/2021  
\_\_\_\_\_  
(Date)

David B. Weatherlic  
\_\_\_\_\_  
(Typed or printed name of person signing)

Treasurer  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**