F0600006225

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 05/03/24 Order #: 1499439-2

Re: Safran Data Systems Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.00 - FL State Account Number: 367 hours

12000000195

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.

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

Safran Data Systems Inc.	-
(Name of Corporation)	- <u>- ,</u>
F06000006225	
(Document Number of Corporation	(if known)
Delaware	
(Incorporated Under Laws of and date authorized to transa	act business/conduct its affairs)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Florida.	affairs in Florida. Florida to accept service on its behalf and shased on a cause of action arising during the
time it was authorized to transact business of conduct arraits in Fig.	
The following is a current mailing address for the corporation:	PALLAHA
3005 Business Park Drive	
(Mailing Address) Norcross, GA 30071	HAY -3 AM 10: 41
(City/ State /Zip)	——————————————————————————————————————
The corporation agrees to notify the Department of State in the fut	ture 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 tiduciary, by that fiduciary)	(Date)
Jeff Lee	CFO
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

CSC WD-5967