

F08000001632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

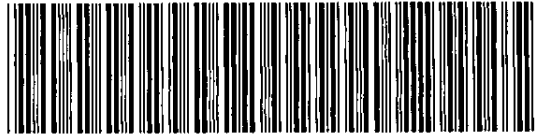
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600280031886

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

15 DEC 14 PM 2:10

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

2015 DEC 14 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 15 2014

C. CARROTHERS

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

ACCOUNT NO. : I20000000195

REFERENCE : 906719 161031A

AUTHORIZATION :

COST LIMIT :

*[Handwritten signature]*  
\$3750.00

ORDER DATE : December 10, 2015

ORDER TIME : 12:55 PM

ORDER NO. : 906719-045

CUSTOMER NO: 161031A

FOREIGN FILINGS

NAME: ARMAND DUPREE, 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: Courtney Williams - EXT# 62935

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Armand Dupree, Inc.

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

**DOCUMENT NUMBER:** F08000001632

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

James T. Perry

\_\_\_\_\_  
(Name of Person)

Armand Dupree, Inc.

\_\_\_\_\_  
(Firm/Company)

P.O. Box 2353

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

Orlando FL 32802-2353

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

For further information concerning this matter, please call:

James T. Perry

at ( 407 ) 826-4482

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee   ☐ \$43.75 Filing Fee & Certificate of Status   ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)   ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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**

Armand Dupree, Inc.

(Name of Corporation)

F08000001632

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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:

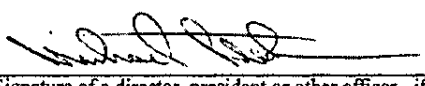
14901 S. Orange Blossom Trail

(Mailing Address)

Orlando FL 32837

(City/ State /Zip)

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)

Michael S. Poteshman

(Typed or printed name of person signing)

12/4/15  
(Date)

Executive Vice President

(Title of person signing)

**FILING FEE \$35**

RECEIVED  
DEPT. OF STATE  
ALL AMBASSADE FLORIDA  
2015 DEC 15 AM 10:27

FILED