

FO8000002152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

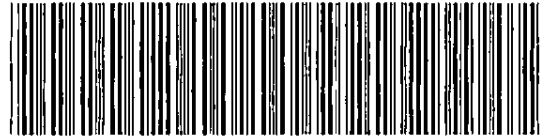
Certificates of Status _____

Special Instructions to Filing Officer

J. HORNE

JAN - 9 2025

Office Use Only



000436269770

RECEIVED

2025 JAN - 8 PM 3:11

FILED

2025 JAN - 8 PM 12:46



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 01/08/25
Order #: 1759509-1
Re: Beltline Road Insurance Agency, 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: \$35.0 - FL State Account Number:
I20000000195

A handwritten signature in dark ink, appearing to read "Shauna Godbolt", is written over the text of the enclosed application.

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.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beltline Road Insurance Agency, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F08000002752

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

Please return all correspondence concerning this matter to the following:

MARIA BAEZA

(Name of Person)

ALTISOURCE

(Firm/Company)

7730 Market Center Ave, Suite 100

(Address)

El Paso TX 79912

(City/State and Zip code)

For further information concerning this matter, please call:

Maria Baeza

at (470) 8706141

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Beltline Road Insurance Agency, Inc.

(Name of Corporation)

F08000002752

(Document Number of Corporation (if known))

Texas, 06/19/2008

(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:

7730 Market Center Ave, Suite 100

(Mailing Address)

El Paso TX 79912

(City/ State /Zip)

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

Teresa L. Szupello

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

1/8/2025

(Date)

Teresa L. Szupello

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35

WD-12447



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 01/08/25
Order #: 1759366-4
Re: Expeditionary Logistics Services, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$60.0 - FL State Account Number:
120000000195

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text of the enclosed items.

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.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Expeditionary Logistics Services, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Trepanier

(Name of Person)

IAP Worldwide Services, Inc

(Firm/Company)

7315 N. Atlantic Avenue

(Address)

Cape Canaveral, FL 32920

(City/State and Zip Code)

For further information concerning this matter, please call:

Doniyell L. Curtis

(Name of Person)

917

at ()

6804033

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
2025 JAN -8 PM 12:52
JAN 8 2025
CLERK OF COURT
CLERK OF COURT

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Expeditionary Logistics Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

9/12/2022

(Date registered with Florida Department of State)

M22000017039

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed by:

Michelle Trepanier

BAE13ED2590C4D5

(Signature of authorized representative)

Michelle Trepanier, Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00

WD-12444