F08000003302

(Re	equestor's Name)	
(Ac	idress)	•
· (Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
· (Bu	usiness Entity Nam	ne)
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	PKWARE, Inc. (Name of Corporation)
DOCUMENT NUMBER:	F0800000 3302
The enclosed withdrawal appli	cation and fee are submitted for filing.
Please return all correspondence matter to the following:	concerning this
Time	Name of Person)
•	
	(Firm/Company)
64	18 N. Plankinton Ave, Suite # 220 (Address)
	Milwankee WI 53203
	(City/State and Zip code)
For further information concerni	ng this matter, please call:
(Name of Person)	hler at (414) 221-6859 (Area Code & Daytime Telephone Number)
MAILING ADD Amendment Sect	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PKWARE Inc. (Name of Corporation)
(Name of Corporation)
F08000 00 3302 PAR 9
(Document Number of Corporation (if known)
Wiscons.h SSE & □
(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:
648 N. Plankinton Ave # 220 (Mailing Address)
Milwanker WI 53203 (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) (Date)
Time the T. Kohler CKO (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35