

F08000005026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

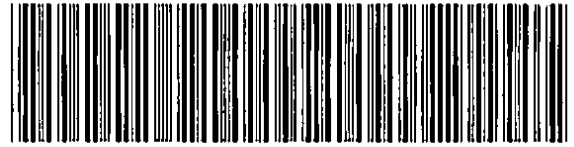
(Business Entity Name)

(Document Number)

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

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2021 DEC 16 AM 10:54  
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Withheld

DEC 17 2021

ALBRITTON

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 333340 4723416

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : December 15, 2021

ORDER TIME : 9:43 AM

ORDER NO. : 333340-005

CUSTOMER NO: 4723416

FOREIGN FILINGS

NAME: FR FLORIDA, 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: Alexxis Weiland - EXT#

EXAMINER:

*[Signature]*

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

FR Florida, Inc. doing business in Florida as FRIT Florida, Inc.

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

F08000005026

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

Delaware and was authorized to transact business in Florida on November 24, 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:


909 Rose Avenue, Suite 200

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

North Bethesda, MD 20852

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

12/14/2021

\_\_\_\_\_  
(Date)

Darlene M. Hough

\_\_\_\_\_  
(Typed or printed name of person signing)

Assistant Secretary

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

**FILING FEE \$35**