F0900000 4225

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TO:	Amendment Section Division of Corporations	
SUBJ	FAB III, INC.	
SUD	(Name of Corporation)	
DOC	JMENT NUMBER: F09000004225	
The e	closed withdrawal application and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Benjamin D. Bruner	
	(Name of Person)	
	Dickinson Mackaman Tyler & Hagen P.C.	
	(Firm/Company)	
	699 Walnut Street Suite 1600	
	(Address)	
	Des Moines, IA 50309	
	(City/State and Zip code)	
For fu	ther information concerning this matter, please call:	
Benjar	in D. Bruner 515 244-2600 at ()	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo	ed is a check for the amount:	
□ \$3	Filing Fee \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (Additional copy is Enclosed) \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)}\$	
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

	(Name of Corporation)	-	_
F09000004225			
(Docum	ment Number of Corporation (if know	vn)	_
Incorpoated under the laws of the Sta	ate of Iowa on 08/26/2009		
(Incorporated Under Laws of	and date authorized to transact busine	ess/conduct its affairs)	_
This corporation is no longer transacting voluntarily surrenders its authority to transcribe corporation revokes the authority cappoints the Department of State as its againe it was authorized to transact business.	nsact business or conduct affairs of its registered agent in Florid gent for service of process based	in Florida. a to accept service on its	behalf ar
he following is a current mailing addres			
12333 UNIVERSITY AVE		2020 	<u> </u>
		***	<u> </u>
	(Mailing Address)		· · · · · · · · · · · · · · · · · · ·
Clive, IA 50325	(Mailing Address)		1
Clive, IA 50325	(Mailing Address) (City/ State /Zip)		1
	(City/ State /Zip)		
Clive, IA 50325 The corporation agrees to notify the Department of the Department o	(City/ State /Zip) artment of State in the future of a		
	(City/ State /Zip) urtment of State in the future of a	ny change in its mailing ad	

(Title of person signing)

(Typed or printed name of person signing)