

#10000000370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

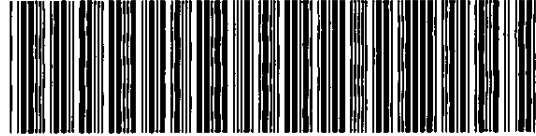
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700290380837

FILED

2016 SEP 21 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE

16 SEP 21 AM 10:53

9/22/16

File 1st
* do not separate
pages

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

ACCOUNT NO. : I20000000195

REFERENCE : 295224 5031566

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$35.00

ORDER DATE : September 19, 2016

ORDER TIME : 9:44 AM

ORDER NO. : 295224-055

CUSTOMER NO: 5031566

FOREIGN FILINGS

NAME: ANXEBUSINESS CORP.

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: _____

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

ANXeBusiness Corp.

(Name of Corporation)

F10000000870

(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:

c/o Alexandra Sfatcos, 105 Adelaide St. W, #1200

(Mailing Address)

Toronto, ON Canada M5H 1P9

(City/ State /Zip)

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

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

Gordon Davies

(Typed or printed name of person signing)

September 12, 2016
(Date)

Secretary

(Title of person signing)

FILING FEE \$35

FILED
2016 SEP 21 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA