## F1000001627

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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A. RAMSEY JUN 2 1 2023

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

ACCOUNT NO. : I2000000195 REFERENCE : 815+08 4813078 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE : June 14, 2023 ORDER TIME : 8:22 AM ORDER NO. : 815108-045 CUSTOMER NO: 4813078

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## FOREIGN FILINGS

NAME: DISNEY IMAGINEERING LIVE, INC.

CORPORATE LIMITED PARTNERSHIP XX 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-sorenson - EXT#

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

, ,

DISNEY IMAGINEERING LIVE, INC.	2002 P
(Name of Corporation)	
F1000001627	20 E
(Document Number of Corporation (if known	
CALIFORNIA 04/05/2010	27

(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:

500 S BUENA VISTA ST

.

(Mailing Address)

BURBANK, CA 91521

(City/ State /Zip)

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

Chaffin A Strays

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

05/24/2023

CHAKIRA H. GAVAZZI

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

(Date)

**FILING FEE \$35**