## F100000001753

| (Requestor's Name)                      |                     |                |
|---|---------------------|----------------|
|   |                     |                |
| (Address)                               |                     |                |
|   |                     |                |
| (Address)                               |                     |                |
|   |                     |                |
| - (Ci                                   | ty/State/Zip/Phone  | #)             |
|   |                     |                |
| PICK-UP                                 | WAIT                | MAIL           |
|   |                     |                |
| (D)                                     | isiness Entity Name | <u></u>        |
| (BC                                     | isiness Entity Nami | <del>e</del> ) |
|   |                     |                |
| (Do                                     | ocument Number)     |                |
|   |                     |                |
| Certified Copies Certificates of Status |                     | of Status      |
|   |                     |                |
| Special Instructions to                 | Filing Officer:     |                |
|   |                     |                |
|   |                     |                |
|   |                     | •              |
|   |                     | i              |
|   |                     |                |
|   |                     |                |
|   |                     |                |
|   |                     |                |





900269142279

03/09/15--01011--005 \*\*70.00

DIVISION OF CORPORATIONS

2015 MAR - 9 AN 9: L.7

Milharanal (10,5,10.15

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                            |   |
|---|---|
| SUBJECT: Advanced   | (Name of Corporation)   |
| DOCUMENT NUMBER: _ = 1 000  | 20001753  |
| The enclosed withdrawal application and fe                                | e are submitted for filing.   |
| Please return all correspondence concerning t matter to the following:    | his   |
| Stephen I   | (Name of Person)  |
| advanced  | (Firm/Company)  |
| 3295 River 9  | Exchange Dr Suite 214 (Address)   |
| Peachtree (Cir  | Corners, GA 30092<br>ty/State and Zip code)   |
| For further information concerning this matte                             | r, please call:   |
| (Name of Person) Enclosed is a check for the amount:                      | (Area Code & Daytime Telephone Number)  |
| \$35-Filing-Fee \$43.75 Filing Fee & Certificate of Status                | \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)  Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle   |

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

| (Name of Corporation)   |
|---|
| (Document Number of Corporation (if known)  |
| Nevada  |
| 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:   |
| 3395 River Exchange Dr<br>Suite allo (Mailing Address)  |
| Peachtree Corners, & A 30092<br>(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)   |
| receiver or other court appointed fiduciary, by that fiduciary)  The Court appointed fiduciary by that fiduciary)   |

**FILING FEE \$35** 

(Typed or printed name of person signing)

(Title of person signing)