Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000207002 3)))



H140002070023ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6380

From:

Account Name

: C T CORPORATION

Account Number: FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

## DISSOLUTION OR WITHDRAWAL KDS SYSTEMS COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	08.4
Estimated Charge	\$35.00

Corporate Filing M

Electronic Filing Menu

850-617-6381

9/4/2014 11:22:48 AM PAGE 1/001 Fax Server

September 4, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KDS SYSTEMS COMPANY 6095 PARKLAND BLVD SUITE 310 MAYFIELD ETS, OB 44124

SUBJECT: KDS SYSTEMS COMPANY

REF: F10000004665

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The above entity is a Florida corporation and the document submitted is for a Florida limited liability company. Please download the withdrawal form for a Foreign corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III FAX Aud. #: E14000207002 Letter Number: 714A00018868

RECEIVED

4. SEP -5 PM 5: 0@

NEFANOR OF CORPOSATIONS
TALL ANASSE FLORIDA

\*RE-SUBMIT\*
Herse mistration of the Congression of

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER** 

TO: Amendment Section Division of Corporations		
SUBJECT: KOS	Systems Company	
(N	Sys tems Campany ame of Corporation)	
DOCUMENT NUMBER: F1000000466	5 .	
The enclosed withdrawal application and fee a	are submitted for filing.	
Please return all correspondence concerning this matter to the following:	•	
Ch	118 of FASSLAM	
(N	lame of Person)	
D	ancher Cocooca has	
	irm/Company)	
	(Address)	
washingto	State and Zin code)	
(Cffy/	State and Zip code)	
For further information concerning this matter, please call:		
Christi Eagstaff	at (202 ) 4  f - 70 4 4 (Area Code & Daytime Telephone Number)	
	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the amount:		
(	\$52.50 Filing Fee, ertified Copy Certificate of Status & Certified Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations 2661 Executive Center Circle	
Tollahassee FL 32314	Tallahassee FL 32301	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ELORIDA
KOS Systems Company (Name of Corporation)
F10000004665 (Document Number of Corporation (it known)
(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:
2000 Pennsylvania Ave, NW, Suite 800 W
Washington, Oc 20037 (City/State Mip)
The corporation agrees to notify the Department of State in the future of any change in its malling address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
TIGHT TUCENDEN VOLTREASURER (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35