

1  
F10000004961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

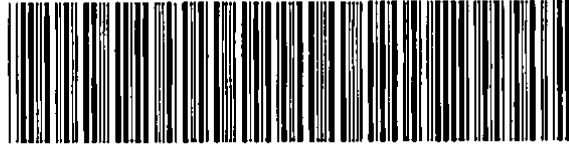
(Business Entity Name)

(Document Number)

Number of Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

2020 NOV 20 PM 2:14

RECEIVED

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

ACCOUNT NO. : I20000000195  
REFERENCE : 524065 4347023  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 43.75

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ORDER DATE : November 20, 2020  
ORDER TIME : 12:52 PM  
ORDER NO. : 524065-005  
CUSTOMER NO: 4347023

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FOREIGN FILINGS

NAME: FFI GP INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY<sup>?</sup>  
       PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FFI GP Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F10000004961  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)  
\_\_\_\_\_  
(Firm/Company)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

FFI GP Inc.

\_\_\_\_\_  
(Name of Corporation)

F10000004961

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware - November 12, 2010

\_\_\_\_\_  
(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:

5355 Mira Sorrento Place, Suite 100

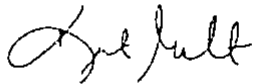
\_\_\_\_\_  
(Mailing Address)

San Diego, CA 92121

\_\_\_\_\_  
(City/ State /Zip)

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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)

November 20, 2020

\_\_\_\_\_  
(Date)

Krista Mielat

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President and Assistant Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**