## F10000005319

(.	Requestor's Name)	
- (	Address)	
(,	Address)	
	O	
(1	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
()	Business Entity Name)	
	Document Number)	
(1	Document Namber)	
Certified Copies	Certificates of S	Status
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2023 JUL 19 PH12: 07



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 8830,04						
AUTHORIZATION: Julie Man						
COST LIMIT : \$ 43.75						
ORDER DATE : July 18, 2023						
ORDER TIME : 9:17 AM						
ORDER NO. : 883004-015						
CUSTOMER NO: 8093409						
FOREIGN FILINGS						
NAME: AUTO GLASS ASSIST, INC.						
XX CORPORATE LIMITED PARTNERSHIP						
LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY						
XXXX WITHDRAWAL/CANCELLATION						
AAAA WIIHDRAWAL/CANCELLATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY PLAIN STAMPED COPY						
CERTIFICATE OF STATUS						

EXAMINER:

## **COVER LETTER**

TO:	O: Amendment Section Division of Corporations				
SUВЛ	JECT: Auto Glass Assist, Inc.				
		Name of Corporati	ion)		
DOCU	UMENT NUMBER:				
The en	Division of Corporations  ECT: Auto Glass Assist, Inc.  (Name of Corporation)  UMENT NUMBER: F10000005319  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  Inclosed withdrawal application and fee are submitted for filing.  (Name of Person)  Club Assist U.S., LLC  (Firm/Company)  155 Technology Park  (Address)  Lake Mary, FL 32746  (City/State and Zip code)  Inclosed withdrawal application and fee are submitted for filing.  (Address)  Lake Mary, FL 32746  (City/State and Zip code)  Inclosed withdrawal application and fee are submitted for filing.  (Address)  Lake Mary, FL 32746  (City/State and Zip code)  Inclosed withdrawal application and fee are submitted for filing.				
Please	e return all correspondence concerning th	is matter to the fo	ollowing:		
	John Murphy				
	(	Name of Person)			
		(Firm/Company)			
	155 Technology Park				
		(Address)			
	<del></del>				
	(City	/State and Zip cod	de)		
For fu	urther information concerning this matter	, please call:			
Тһогпа	as Cambre	at ( 407	215-0514		
	(Name of Person)	(Area C	ode & Daytime Telephone Number)		
Enclos	sed is a check for the amount:				
□ \$35		Certified Copy (Additional copy	Certificate of Status & Certified		
•	Amendment Section Division of Corporations P.O. Box 6327	Amendment Division of The Centre 2415 N. Mo	T Section Corporations of Tallahassee onroe Street, Suite 810		

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

Auto Glass Assist, Inc.

	(Name of Corporation	n)	
	F10000005319		
	(Document Number of Corporation	on (if known)	
	10/21/2011 DE		
	(Incorporated Under Laws of and date authorized to tran	sact business/conduct its affairs)	
his con	poration is no longer transacting business or conducting ily surrenders its authority to transact business or conduc-	g affairs within the State of Florida and he ct affairs in Florida.	reby
ppoints	poration revokes the authority of its registered agent the Department of State as its agent for service of proce as authorized to transact business or conduct affairs in F	ess based on a cause of action arising during	g the
he follo	owing is a current mailing address for the corporation:	2023	
	155 Technology Park		•
	(Mailing Address)		. `
	Lake Mary, FL 32746	2023 JUL 19 PH12: Q7	ا وستان د وستان د وستان
	(City/ State /Zip)	97	
he corp	poration agrees to notify the Department of State in the f	uture of any change in its mailing address.	
	MIU	7/11/2023	
(5	Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	_
. 1	ohn Tutt	Director	
_	(Typed or printed name of person signing)	(Title of person signing)	_

FILING FEE \$35