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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)222-1092

Fax Number

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DISSOLUTION OR WITHDRAWAL FLSUB-75, INC.

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| TO: | Amendment Section Division of Corporations | | | |
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| STIRT | ECT: FLSUB-75, INC. | | | |
| 3000 | L/C 1 . | (Name of Corporatio | n) | |
| DOC | UMENT NUMBER: F10000005422 | | | |
| The en | nclosed withdrawal application and | fee are submitted for f | lling. | |
| | return all correspondence concerning to the following: | Corporations JB-75, INC. (Name of Corporation) JMBER: F10000005422 Idrawal application and fee are submitted for filing. Depression of Person | | |
| | Michelle Compbell | | | |
| | | (Name of Person) | e & Daytime Telephone Number) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$TREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle | |
| | TriNel | | | |
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| | 1100 San Leandro Blvd, Suite 400 | | | |
| | (Address) | | | |
| | San Leandro, CA 94577 | | | |
| | (C | lity/State and Zip code |) | |
| For fu | ther information concerning this mat | ter, please call: | | |
| | | at ()_ | | |
| Enclos | (Name of Person) sed is a check for the amount: | (Area Cod | le & Daytime Telephone Number) | |
|] \$35 | Filing Fee \$\bigset\$\$43.75 Filing Fee & [Certificate of Status | Certified Copy (Additional copy is | Certificate of Status & Certified | |
| | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL.32314 | | Amendment Section Division of Corporations | |

PLSUB-75, INC.

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

| (Nume of Corporation) | | | |
|--|---|--|--|
| 422 | | | |
| (Document Number of Corporation (if known) | | | |
| | | | |
| (fiicorperated U | nder Laws of) | | |
| no longer transacting business or cor as its authority to transact business or | ducting affairs within the State of Florida and hereb conduct affairs in Florida. | | |
| | agent in Florida to accept service on its behalf an of process based on a cause of action arising durin affairs in Florida. | | |
| surrent mailing address for the corpora | ation; | | |
| eandro Blvd, suite 400 | | | |
| (Mailing A | idress) | | |
| o, CA 94577 | | | |
| (City/ State | a/Zip) | | |
| ees to notify the Department of State | in the future of any change in its mailing address. | | |
| kector, president or other others - If in the hands or court appointed fiduciary, by that fiduciary) | of a (Date) | | |
| nmond | Secretary | | |
| or printed seems of person signing) | (Title of person signing) | | |
| เมหาห | ond | | |

A)7 - 03/(4/301.) Waters Klower Online