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Withdrawal

16 MAY 11 PH 4: 32



MAY 12 2016 A RAMSEY CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 137822 4371937

AUTHORIZATION : Synclock Man

COST LIMIT : '\$ 35'.00

ORDER DATE: May 10, 2016

ORDER TIME : 2:42 PM

ORDER NO. : 137822-015

CUSTOMER NO: 4371937

FOREIGN FILINGS

NAME: IDMWORKS, INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

P.O. Box 6327

Tallahassee, FL.32314

COVER LETTER

TO:	Amendment Section Division of Corporations				
CHDI	IDMWORKS, INC.				
SUBJ	(Name of Corporation)				
DOC	UMENT NUMBER: F11000001811				
The en	nclosed withdrawal application and fee are submitted for filing.				
	e return all correspondence concerning this to the following:				
	Michelsa Calderon				
	(Name of Person)				
	IDMWorks c/o Trivest				
(Firm/Company)					
	550 South Dixie Highway, Suite 300				
(Address)					
	Coral Gables, Florida 33146				
	(City/State and Zip code)				
For fu	rther information concerning this matter, please call:				
Miche	Michelsa Calderon 305 858-2200 at (
Enclos	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:				
\$35	Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) Copy (Additional copy is enclosed)				
	MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations				

2661 Executive Center Circle

Tallahassee, FL. 32301

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

IDMWorks, Inc.			
	(Name of Corporation)	`	
F11000001811		THE STATE OF THE S	
(Docum	nent Number of Corporation (if known	n)	
Delaware		The Part of the Pa	
	(Incorporated Under Laws of)	35 ORIGINAL ORIGINAL ORIGINA ORIGINAL ORIGINA ORIGINA ORIGINA ORIGINAL ORIGINAL ORIGINA ORIGI	
This corporation revokes the authority of appoints the Department of State as its ago the time it was authorized to transact busing. The following is a current mailing address.	f its registered agent in Florida gent for service of process base ness or conduct affairs in Florida	to accept service on its behalf and d on a cause of action arising during	
PO Box 140040			
	(Mailing Address)		
CORAL GABLES, FL 33114			
(City/ State /Zip)			
The corporation agrees to notify the Department of the Department	05/1	ny change in its mailing address. 1/2016 (Date)	
Paul Bedi	Man	ager	
(Typed or printed name of person sig	ning)	(Title of person signing)	

FILING FEE \$35