5/18/2020



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 : (850)558-1515 Fax Number

## DISSOLUTION OR WITHDRAWAL SIGNATURE SELECT FBO CORPORATION

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	·	
SUBJ	JECT:		
		(Name of Corporation)	
DOC	CUMENT NUMBER:		
The e	enclosed withdrawal application and fo	ee are submitted for filin	g.
Please	e return all correspondence concerning	this matter to the follow	ing:
		(Name of Person)	
		(Firm/Company)	: · · ·
		(Address)	
	(Ci	ty/State and Zip code)	
For fe	urther information concerning this matte	er, please call:	
		at ()	
	(Name of Person)	(Area Code &	& Daytime Telephone Number)
Enclo	osed is a check for the amount:		
□ <b>\$</b> 3	5 Filing Fee	Certified Copy (Additional copy is	☐ \$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 of Corp The Centre of Te 2415 N. Monroe Tallahassee, FL	orations illahassee Street, Suite 810

Signature Sefect FBO Corporation

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

	(Name of Corporation)	
FIR	000003542	
	(Document Number of Corporation (if known)	
Dela	aware 08/31/2011	
	(Incorporated Under Laws of and date authorized to transact business/condu	ct its affairs)
	tion is no longer transacting business or conducting affairs within the arrenders its authority to transact business or conduct affairs in Floric	
appoints the	tion revokes the authority of its registered agent in Florida to acc Department of State as its agent for service of process based on a cau uthorized to transact business or conduct affairs in Florida.	•
The following	g is a current mailing address for the corporation:	202
134	85 Veterans Way, Suite 600	
***************************************	(Mailing Address)	18 SS. 18
Orla	ande, FL 32827	
	(City/ State /Zip)	8:42
The corporat	ion agrees to notify the Department of State in the future of any chan	
<u> </u>	100 /2h	:/12/2020
(Signat receiv	ure of a director, president or other officer - if in the hands of a er or other court applointed fiduciary, by that fiduciary)	· (Date)
Garro	n, Maria L Director, VP,	. Secretary
	(Typed or printed name of person signing) (T	itie of person signing)

**FILING FEE \$35**