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| (Req | uestor's Name) |
|---------------------------|------------------------|
| (Addi | ress) |
| (Addi | ress) |
| (City/ | /State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Busi | iness Entity Name) |
| (Doc | ument Number) |
| Centiled Copies | Certificates of Status |
| Special Instructions to F | iling Officer |
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| | |

Office Use Only



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JUN 1 6 2017 S. YOUNG

1917 JUN 15 AN IO: 50

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

ACCOUNT NO. : 12000000195

REFERENCE : 683624 4336537

AUTHORIZATION :

COST LIMIT : (\$\35.00

ORDER DATE : June 14, 2017

ORDER TIME : 10:22 AM

ORDER NO. : 683624-015

CUSTOMER NO: 4336537

FOREIGN FILINGS

NAME: SHINE HISPANIC, 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: Melissa Zender - EXT#

EXAMINER:

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|----------------|--|--|--|--|
| arin r | Shine Hispanic, Inc. | | | |
| SUBJ | (Name of Corporation) | | | |
| | F12000004010 | | | |
| DOC | UMENT NUMBER: | | | |
| The er | closed withdrawal application and fee are submitted for filing. | | | |
| | return all correspondence concerning this to the following: | | | |
| | Andrea Mitchell | | | |
| | (Name of Person) | | | |
| | Hansen, Jacobson, Teller, Hoberman et al Law Firm | | | |
| (Firm/Company) | | | | |
| | 450 North Roxbury Drive, 8th Floor, | | | |
| (Address) | | | | |
| | Beverty Hills, California 90210 | | | |
| | (City/State and Zip code) | | | |
| For fu | rther information concerning this matter, please call: | | | |
| Andrea | a Mitchell 310 271-8777 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) \$52.50 \; Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | | | |
| | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle | | | |

Tallahassee, FL.32314

Tallahassee, FL. 32301

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

Shine Hispanic, Inc.

| (Name of Corporation |) |
|--|---|
| F12000004010 | |
| (Document Number of Corporation | n (if known) |
| | } |
| Delaware | · : |
| (Incorporated Under Laws | s of) |
| | Ţ. |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting | affairs within the State of Florida and hereb et affairs in Florida. |
| This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of proof the time it was authorized to transact business or conduct affairs | cess based on a cause of action arising durin |
| The following is a current mailing address for the corporation: | |
| 5161 Lankershim Boulevard, Sulte 400 | |
| (Mailing Address) | |
| North Hollywood, Cailfornia 91601 | |
| (City/ State /Zip) | |
| The corporation agrees to notify the Department of State in the fit (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | uture of any change in its mailing address. |
| Paul Jennings | Chief Financial Officer |
| (Typed or printed name of person signing) | (Title of person signing) |

FILING FEE \$35