

F120000004016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

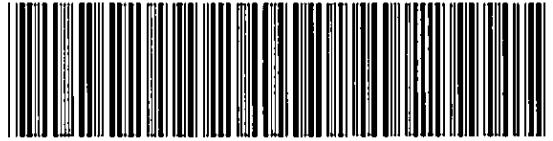
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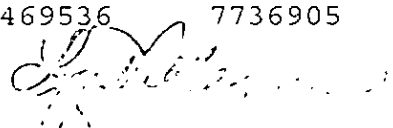
SECRETARY OF STATE  
TALLAHASSEE, FL

withheld

FEB 11 2022

ALBRITTON

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

ACCOUNT NO. : I20000000195  
REFERENCE : 469536 7736905  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : February 10, 2022  
ORDER TIME : 2:27 PM  
ORDER NO. : 469536-005  
CUSTOMER NO: 7736905

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FOREIGN FILINGS

NAME: MSPS VRE II, INC.

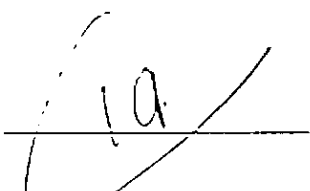
☒ CORPORATE  
☐ LIMITED PARTNERSHIP  
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: 

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

MSPS VRE II, INC.

\_\_\_\_\_  
(Name of Corporation)

F12000004016

\_\_\_\_\_  
(Document Number of Corporation (if known))

DELAWARE, AUTHORIZED TO TRANSACT BUSINESS IN FLORIDA 10/01/2012

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

C/O CMS COMPANIES, 308 E. LANCASTER AVENUE, SUITE 300

\_\_\_\_\_  
(Mailing Address)

WYNNEWOOD, PA 19096

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

02/10/2022

\_\_\_\_\_  
(Date)

DONNA M. RITTERSHAUSEN

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

**FILED**  
2022 FEB 10 AM 9:35  
DEPARTMENT OF STATE  
TALLAHASSEE, FL