

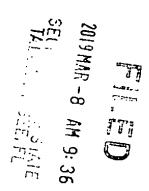
| (Requestor's Name) |
|--------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| ed Copies Certificates of Status |
| cial Instructions to Filing Officer: |
| |
| Office Use Only |



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500325658845 03/08/19--01004--010 ***353.75





R. WHITE

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| OATE 3/8/2009 | - | |
|-----------------------|--|-----|
| | **WALK | IN* |
| NTITY NAME ERISC | DLUTIONS, INC. (WITHDRAWAL - FILE FIRST) | |
| | | |
| OCUMENT NUMBER_ | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| | Plain Copy | |
| <u>(XXXXXX</u> | Certified Copy | |
| | Certificate of Status | |
| **# | PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** | |
| | Certified Copy of Arts & Amendments | |
| | Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| UNTRY OF DESTINAT | 70N | |
| MBER OF CERTIFICAT | TES REQUESTED | |
| ral owed <u>43.75</u> | снеск # ⁵⁸⁶⁰ | |
| M T. 14 | , , , , , , , , , , , , , , , , , , , | |
| ase carr I ina at th | be above number for any issues or concerns. Thank you so much! | |

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|---|--|
| ~ | C | |
| SUBJECT: ERI Solutions, In | (Name of Corpora | tion |
| E42000 | • | ition |
| DOCUMENT NUMBER: F120000 | 04943 | |
| The enclosed withdrawal application and for | ce are submitted fo | or filing. |
| Please return all correspondence concerning matter to the following: | this | · |
| Lisa Schmidt | | |
| | (Name of Person) | , |
| ERI Solutions, LLC | | |
| | (Firm/Company) | |
| 125 N. First Street | | |
| | (Address) | |
| Colwich, KS 67030 | | |
| (Ci | ty/State and Zip c | ode) |
| For further information concerning this matter | er, please call: | |
| Lisa Schmidt | _{at (} 316 |)927-4295 Code & Daytime Telephone Number) |
| (Name of Person) Enclosed is a check for the amount: | (Arca | Code & Daytime Telephone Number) |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Pe Certified Copy (Additional cop Enclosed) | Certificate of Status & Certified |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL.32314 | • | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, PL. 32301 |

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

| ERI Solutions, Inc. | <u>.</u> |
|--|---|
| (Name of Corporation) | |
| F12000004943 | |
| (Document Number of Corporation (if I | known) |
| Kansas | |
| (Incorporated Under Laws of) | |
| This corporation is no longer transacting business or conducting affavoluntarily surrenders its authority to transact business or conduct affar This corporation revokes the authority of its registered agent in Fl | fairs in Plorida. Lorida to accept service on its behalf and |
| appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F | based on a cause of action arising during lorida. |
| The following is a current mailing address for the corporation: | |
| 310 N. First Street | |
| (Mailing Address) | |
| Colwich, KS 67030 | • . |
| (Clty/ State /Zip) | 2019 HAR |
| The corporation agrees to notify the Department of State in the future | e of any change in its mailing address. |
| MOTUD | 3/6/19 |
| (Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) (G |
| Nathan Vander Griend | President (fille of person signing) |
| (Typed or printed name of person signing) | (Title of person signing) |