

FI20000004996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800331873058

2019 JUL 15 AM 10:22

19 JUL 15 AM 11:01


Withdrawal

JUL 16 2019

I ALBRITTON

IA

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

ACCOUNT NO. : I20000000195
REFERENCE : 840732 7465821
AUTHORIZATION : 
COST LIMIT : \$ 85.00

ORDER DATE : July 12, 2019
ORDER TIME : 8:41 AM
ORDER NO. : 840732-010
CUSTOMER NO: 7465821

FOREIGN FILINGS

NAME: MOTORCYCLE SUPERSTORE, INC.

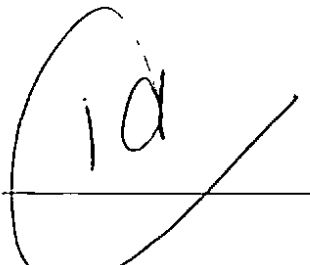
XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: 

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

Motorcycle Superstore, Inc.

(Name of Corporation)

F12000004996

(Document Number of Corporation (if known))

Oregon

(Incorporated Under Laws of)

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:

651 Canyon Drive, Suite 100

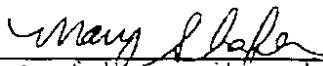
(Mailing Address)

Coppell, TX 75019

(City/ State /Zip)

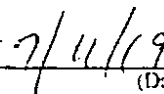
2019 JUL 10 10:22

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)

Mary Shafer

(Typed or printed name of person signing)


(Date)

Director of Tax

(Title of person signing)

FILING FEE \$35