## F13000000165

(Re	questor's Name)	
(Ad	dress)	
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(6.1		
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(D.,	ninna Entity NameY	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
	<del></del>	<del> </del>
Special Instructions to	Filing Officer.	

Office Use Only



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## FILE 1ST

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

CONTACT PERSON: Amanda Miller - EXT#

Phone: 850-558-1500						
ACCOUNT NO. : 12000000195						
REFERENCE : 465638 8414135						
AUTHORIZATION :						
COST LIMIT : \$ 35.00	do_					
ORDER DATE : May 10, 2024						
ORDER TIME : 10:03 AM						
ORDER NO. : 465638-090						
CUSTOMER NO: 8414135						
FOREIGN FILINGS						
NAME: PEARL INTERACTIVE NETWORK, 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						

EXAMINER:

## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJE	CT. Pearl Interactive Network, IDC	
COBOL		(Name of Corporation)
DOCUM	MENT NUMBER:	
The enc	losed withdrawal application and f	ee are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the following:
		(Name of Person)
		(Firm/Company)
	Division of Corporations  CT: Pearl Interactive Network, IDX  (Name of Corporation)  MENT NUMBER:	
	(Ci	ity/State and Zip code)
For furth	ner information concerning this matt	er, please call:
	(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed	d is a check for the amount:	
□ \$35 F		Certified Copy Certificate of Status & Certified Copy (Additional copy is Copy (Additional copy is enclosed)
<i>F</i> 1	Amendment Section Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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

(Name of Corporation	on)		-
F13000000165			
(Document Number of Corporat	tion (if known)	_	-
Ohio 			_
(Incorporated Under Laws of and date authorized to tra	insact business/conduct its a	iffairs)	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proclime it was authorized to transact business or conduct affairs in	ess based on a cause of		
The following is a current mailing address for the corporation:  1103 Schrock Road, Suite 109		2024 TĂĹL	  -  -
(Mailing Address)	)	AHA G	- ::
Columbus, OH 43229		SSEE.	) 
(City/ State /Zip)		AH IO: 19	i
The corporation agrees to notify the Department of State in the	future of any change in	;> · · ·	
Mario Antwine	8/13/2024		
TSIENBERGY Wrector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(D)	ate)	
Mario Antwine	CEO		
		erson signing)	

**FILING FEE S35**