

8/11/15
F13000002544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

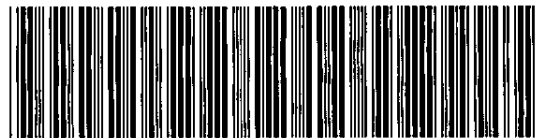
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Withdrawn
FILED
2015 APR 27 AM 11:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

15 APR 27 AM 10:53
CLERK OF STATE

AOR
4/28/15

ACCOUNT NO. : I20000000195

REFERENCE : 551742 7935378

AUTHORIZATION : *Lydia Cohen*

COST LIMIT : \$ 35.00

ORDER DATE : March 17, 2015

ORDER TIME : 9:44 AM

ORDER NO. : 551742-015

CUSTOMER NO: 7935378

FOREIGN FILINGS

NAME: KJOURNEYS, 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: Lydia Cohen - EXT# 62974

EXAMINER: _____

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

KJOURNEYS, INC.

(Name of Corporation)

F13000002544

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED
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DEPT. OF STATE
HALLMARKSSEE, FLORIDA

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:

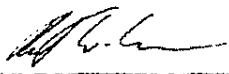
150 SE 2nd Ave, Suite 706

(Mailing Address)

Miami, FL 33131

(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)

Robert W. Owen

(Typed or printed name of person signing)

04/21/15

(Date)

President

(Title of person signing)

FILING FEE \$35