

# FI3000004582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

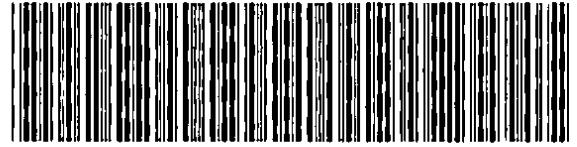
(Business Entity Name)

(Document Number)

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RECEIVED  
2020 NOV -6 PM 2:10  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
2020 NOV -6 AM 9:02  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

2020 NOV 6

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

ACCOUNT NO. : I20000000195

REFERENCE : 490132 7370919

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : October 28, 2020

ORDER TIME : 9:47 AM

ORDER NO. : 490132-140

CUSTOMER NO: 7370919

FOREIGN FILINGS

NAME: E\*TRADE FINANCIAL CORPORATION

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: Amanda Robinson - EXT# 62968

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** E\*Trade Financial Corporation

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

**DOCUMENT NUMBER:** F13000004582

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

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

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

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy is enclosed) |
|--|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

E\*Trade Financial Corporation

(Name of Corporation)

F13000004582

(Document Number of Corporation (if known))

Delaware 10/22/2013

(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:

671 N. Glebe Road

(Mailing Address)

Arlington, VA 22203

(City/ State /Zip)

FILED  
2020 NOV -6 AM 9:02  
STATE  
SECRET

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

*P. Fennell*

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

November 2, 2020

(Date)

Piers Fennell

(Typed or printed name of person signing)

Asst. Secretary

(Title of person signing)

**FILING FEE \$35**