## F13000005509

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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Without the Market August 19 8/14/14

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ACCOUNT NO. : I2000000195 REFERENCE : 206445 4375876 AUTHORIZATION COST LIMIT ORDER DATE : July 7, 2014 ORDER TIME : 9:33 AM ORDER NO. : 206445-305 CUSTOMER NO: 4375876 FOREIGN FILINGS NAME: IO CONSULTING, 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: Courtney Williams - EXT# 62935

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

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

IO Consulting of Florida, Inc.

(7)	lame of Corporation)
F13000005509	
(Document Nu	unber of Corporation (if known).
	, ·
California	
(Incom	porated Under Laws of)
This corporation is no longer transacting busines voluntarily surrenders its authority to transact businesses.	ess or conducting affairs within the State of Florida and hereby usiness or conduct affairs in Florida.
	egistered agent in Florida to accept service on its behalf and or service of process based on a cause of action arising during reconduct affairs in Florida.
The following is a current mailing address for the	ne corporation:
222 N. Sepulveda Blvd., #1310	· 是 · ·
(	(Mailing Address)
El Segundo CA 90245-5644	
	(City/ State /Zip)
The corporation agrees to notify the Department	of State in the future of any change in its mailing address.
Ch Me	7/31/4
(Signature of a director, president or other officer - if is receiver or other court appointed fiduciary, by that fi	n the hands of a (Date) iduciary)
Chris Beasley	Vice President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

## **COVER LETTER**

	endment Section sion of Corporat	ions	a		
SUBJECT:	10 Consulting o	f Florida, Inc.			
SOBJECT.			(Name of Corporation	n)	
DOCUME	NT NUMBER:	F13000005509			
The enclose	d withdrawal a	pplication and f	ee are submitted for fi	ling.	;
Please return matter to the	n all corresponde e following:	ence concerning	this		. *
			(Name of Person)		
			(Firm/Company)		
			(Address)		
	- · · · · ·	(C	ity/State and Zip code)	)	
For further i	nformation conc	erning this matt	er, please call:		
Enclosed is:	(Name of Pen a check for the a		at () (Area Cod	e & Daytime Telephone Number	)
\$35 Filin		Filing Fee & Cate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certi Copy (Additional copy is er	
	MAILING A Amendment S Division of C P.O. Box 632	Section orporations		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314