| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | <u> </u> |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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02/06/14--01025--003 **43.75



| ION SERVICE COMPANY | | | | |
|--|--------------|--|--|--|
| ACCOUNT NO. : | 12000000195 | | | |
| REFERENCE : | 993991 6699A | | | |
| AUTHORIZATION : | | | | |
| COST LIMIT : | \$ PPD | | | |
| ORDER DATE : February 6, 2014 | | | | |
| ORDER TIME : 10:13 AM | | | | |
| ORDER NO. : 993991-005 | | | | |
| CUSTOMER NO: 6699A | | | | |
| FOREIGN FILINGS NAME: BRIEN MANAGEMENT US, INC. | | | | |
| XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS | | | | |
| CONTACT PERSON: Susie Knight - E | XT# 52956 | | | |
| | EXAMINER: | | | |

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

BRIEN MANAGEMENT US, INC.

| (Name of Corporation) | |
|--|---|
| F1400000172 | |
| (Document Number of Corporation (i | f known) |
| Delaware | |
| (Incorporated Under Laws of | STATE S6 |
| This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct at | |
| This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in I | s based on a cause of action arising during |
| The following is a current mailing address for the corporation: | |
| 500 S.E. 21st Avenue, Suite # 806 | |
| (Mailing Address) | |
| Deerfield Beach, Florida 33441 | |
| (City/ State /Zip) | |
| The corporation agrees to notify the Department of State in the future. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | re of any change in its mailing address. $\frac{\int an \frac{31}{Date}} \frac{50}{2014}$ |
| Nathalie Brien | President |
| (Typed or printed name of person signing) | (Title of person signing) |