## F14000000818

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE                                |
| J. HORNE<br>APR 25 2023                 |
|   |
|   |
|   |





300406456213



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| rnone. 050-55   | 0-1300                     |                   |         |  |  |  |
|-----------------|----------------------------|-------------------|---------|--|--|--|
|                 | ACCOUNT NO.                | : 12000000        | 0195    |  |  |  |
|                 | REFERENCE                  | : 697795          | 4339006 |  |  |  |
|                 | AUTHORIZATION              | : De la constante | 1 4 6 ) |  |  |  |
|                 | COST LIMIT                 | 35.00             | rado    |  |  |  |
|                 |                            |                   |         |  |  |  |
| ORDER DATE :    | April 24, 2023             |                   |         |  |  |  |
| ORDER TIME :    | 10:56 AM                   |                   |         |  |  |  |
| ORDER NO. :     | 697795-005                 |                   |         |  |  |  |
| CUSTOMER NO:    | 4339006                    |                   |         |  |  |  |
|                 |                            |                   |         |  |  |  |
| FOREIGN FILINGS |                            |                   |         |  |  |  |
|                 |                            |                   |         |  |  |  |
| NAME:           | BOOKING.COM (CENTER (U.S.A |                   | ICE     |  |  |  |
| XX CORPORA      | ΓE                         |                   |         |  |  |  |
|                 | PARTNERSHIP                |                   |         |  |  |  |
| LIMITED         | LIABILITY COMPAN           | 1X                |         |  |  |  |

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

## **COVER LETTER**

| 10:      | Division of Corporations   |   |  |  |  |  |
|----------|----------------------------|---|--|--|--|--|
| SUBJI    | ECT:                       | Booking.com Customer Service Co   | enter (U.S.A.). Inc.   |  |  |  |
|          |                            |   | (Name of Corporation)  |  |  |  |
| DOCU     | JMEN                       | T NUMBER: F14000000878  |  |  |  |  |
| The en   | closed                     | withdrawal application and  | fee are submitted for filing.  |  |  |  |
| Please   | return                     | all correspondence concernin  | g this matter to the following:  |  |  |  |
|          | Jenn                       | ifer Harper   |  |  |  |  |
|          |                            | _   | (Name of Person)   |  |  |  |
|          | Berte                      | elsmann. Inc.   |  |  |  |  |
|          |                            |   | (Firm/Company)   |  |  |  |
|          | 1745                       | Broadway  |  |  |  |  |
|          |                            |   | (Address)  |  |  |  |
|          | New                        | York, NY 10019  |  |  |  |  |
|          | <u> </u>                   | ((  | City/State and Zip code)   |  |  |  |
| For fur  | ther in                    | formation concerning this mat   | tter, please call:   |  |  |  |
| Jennifer |                            |   | at ( 212 ) 782=1-74  |  |  |  |
|          |                            | (Name of Person)  | (Area Code & Daytime Telephone Number)   |  |  |  |
| Enclose  | ed is a                    | check for the amount:   |  |  |  |  |
| □ \$35   | Filing                     | Fee ☐ \$43.75 Filing Fee & Certificate of Status                              | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |  |
|          | Ameno<br>Divisio<br>P.O. B | Address:<br>Iment Section<br>on of Corporations<br>ox 6327<br>assee, 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

|                       | (Name of Corporation)  | <del> </del>                  | <del></del>                             |
|-----------------------|--|-------------------------------|---|
|                       | F1400000878  |                               | 2023 J<br>SECR                          |
|                       | (Document Number of Corporation (i   | f known)                      | PR T                                    |
|                       | Incorporated in Delaware, authorized to transact business in Florida   |                               | 24 AM                                   |
|                       | (Incorporated Under Laws of and date authorized to transact  | business/conduct its affairs) | 99 <b>D</b>                             |
| appoints<br>time it v | rporation revokes the authority of its registered agent in F<br>is the Department of State as its agent for service of process by<br>was authorized to transact business or conduct affairs in Floritowing is a current mailing address for the corporation:  1745 Broadway c/o Benelsmann, Inc. | ased on a cause of action     | on its behalf and<br>arising during the |
|                       | (Mailing Address)  |                               |   |
|                       | New York, NY 10019   |                               |   |
|                       | (City/ State /Zip)   | <u> </u>                      |   |
| <del>(</del> S        | Signature of a director, president or other officer - (f in the hands of a receiver or other court appointed fiduciary, by that fiduciary)   | e of any change in its mai    | ling address.                           |
| (                     | Garo Kechbouladian   | Secretary                     |   |
| _                     | (Typed or printed name of person signing)  | (Title of person sig          | ningı                                   |

**FILING FEE \$35**