

F 14 00000 3544



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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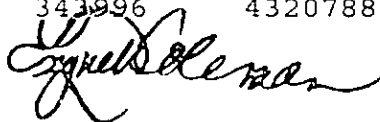
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Handwritten signature and date 1/20/2023

FILE 1ST

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

ACCOUNT NO. : I20000000195
REFERENCE : 343996 4320788
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : January 10, 2023
ORDER TIME : 8:54 AM
ORDER NO. : 343996-045
CUSTOMER NO: 4320788

FOREIGN FILINGS

NAME: OHIO KEPRO, 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: Eyliena Baker - EXT#

EXAMINER: _____

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

Ohio KePRO, Inc.

(Name of Corporation)

F14000003544

(Document Number of Corporation (if known))

Ohio 08/22/2014

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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TALLAHASSEE, FL

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:

777 East Park Drive

(Mailing Address)

Harrisburg, PA 17111

(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)

(Date)

Melissa Leigh

(Typed or printed name of person signing)

Authorized Person

(Title of person signing)

FILING FEE \$35