

FL4000004901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

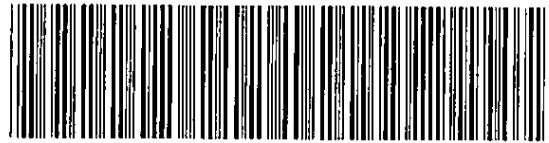
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

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SECRETARY
TALLAHASSEE, FLORIDA

G. HUNT
08/09/24

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/08/2024
Acc#120160000072

Eric DW

Name:	TMA Play Pines, Inc.
Document #:	
Order #:	15805052

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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TALLAHASSEE, FL

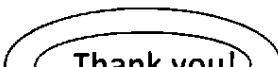
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Availability _____
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Verifier _____
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Ref# _____

Amount: \$ 35.00



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

TMA Play Pines, Inc.

(Name of Corporation)

F14000004901

(Document Number of Corporation (if known))

Incorporated Under Laws of Delaware and authorized to transact business in Florida on 11/12/2014

(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:

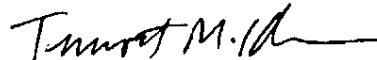
111 West Port Plaza, Suite 200

(Mailing Address)

St. Louis, MO 63146

(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)

Timothy Klusas

(Typed or printed name of person signing)

8-5-2024

(Date)

President

(Title of person signing)

FILING FEE \$35