

# F15000000932

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

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\_\_\_\_\_  
(Business Entity Name)

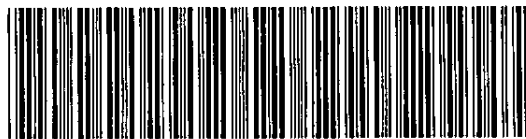
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**DATE: 2/18/16**

**NAME: MULTIVISION, INC**

**TYPE OF FILING: WITHDRAWAL**

**COST: 43.75**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Attache*

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*\* File First \**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_ Multivision Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F15000000932

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

\_\_\_\_\_  
Capitol Services - Corporate Filings Team

(Name of Person)

\_\_\_\_\_  
Capitol Services, Inc.

(Firm/Company)

\_\_\_\_\_  
206 E 9th St, Ste 1300

(Address)

\_\_\_\_\_  
Austin TX 78701

(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 800 ) 345-4647

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Multivision Inc.  
(Name of Corporation)

F15000000932  
(Document Number of Corporation (if known))

Delaware  
(Incorporated Under Laws of)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 18 AM 8:46

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:

10565 Fairfax Blvd STE 205  
(Mailing Address)

Fairfax, VA 22030  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

A C Ravi  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2/8/2016  
(Date)

Ravi Addepalli  
(Typed or printed name of person signing)

Director  
(Title of person signing)

**FILING FEE \$35**