

F15000002906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

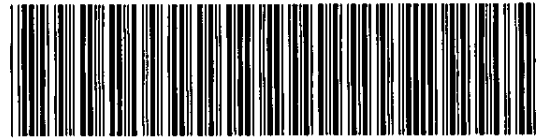
(Business Entity Name)

(Document Number)

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T CANNON

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
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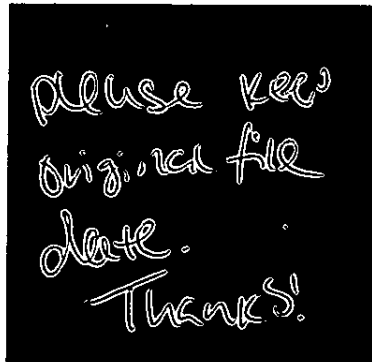
**DATE:** 7/13/15

**NAME:** PASHA INTERNATIONAL INC

**TYPE OF FILING:** WITHDRAWAL

**COST:**

52.50



**RETURN:** CERTIFIED COPY AND CERTIFICATE OF STATUS PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
DEPARTMENT OF STATE  
15 JUL 16 PM 1:28

July 14, 2015

FLORIDA FILING & SEARCH SERVICES, INC.  
ATTN: ABBIE HODGE

SUBJECT: PASHA INTERNATIONAL INC.  
Ref. Number: F15000002906

We have received your document for PASHA INTERNATIONAL INC. and the authorization to debit your account in the amount of \$60.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 415A00014668

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE PASHA GROUP  
(Name of Corporation)

**DOCUMENT NUMBER:** FL15000002906

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

Please return all correspondence concerning this matter to the following:

RENEE L. EGER

(Name of Person)

THE PASHA GROUP

(Firm/Company)

4040 CIVIC CENTER DRIVE #350

(Address)

SAN RAFAEL, CA 94903

(City/State and Zip code)

For further information concerning this matter, please call:

AMY SHERBURNE MANNING

(Name of Person)

at ( 415 ) 927-6400

(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**

PASHA INTERNATIONAL INC.

(Name of Corporation)

F 15000002906

(Document Number of Corporation (if known))

CALIFORNIA

(Incorporated Under Laws of)

FILED  
15 JUL 13 AM 11:21  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

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:


4040 CIVIC CENTER DRIVE, SUITE 350

(Mailing Address)

SAN RAFAEL, CA 94903

(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)

July 17, 2015  
(Date)

AMY SHERBURNE MANNING

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

**FILING FEE \$35**