

**FILED 000001229**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

**FILED**

MAR 24 2016

**C. CARROTHERS**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Surface Connection, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: F16000001229

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

Please return all correspondence concerning this matter to the following: —

Robin Dyson

# Surface Connection

(Firm/Company)

2175 Manana Drive

(Address)

Dallas TX 75220

(City/State and Zip code)

For further information concerning this matter, please call:

Robin Dyson

(Name of Person)

at 972,581-9488

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

**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**

Surface Connection, Inc.

(Name of Corporation)

F16000001229

(Document Number of Corporation (if known))

Texas

(Incorporated Under Laws of)

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:

2175 Manana Drive

(Mailing Address)

Dallas, TX 75220

(City/ State /Zip)

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

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

Keith Edmunds  
(Typed or printed name of person signing)

3/14/16

(Date)

President

(Title of person signing)

**FILING FEE \$35**

FILED  
MAR 21 PH 3:24  
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FLORIDA  
DEPARTMENT OF STATE  
ATTESTATION  
SECTION 1  
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ATTESTATION  
SECTION 1