## 1600001939

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
<b>,</b> ,				
(Document Number)				
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OCT 03 2017 S. YOUNG

1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE 843274 5021114 AUTHORIZATION COST LIMIT ORDER DATE: October 2, 2017 ORDER TIME : 12:30 PM ORDER NO. : 843274-005 CUSTOMER NO: 5021114 FOREIGN FILINGS NAME: TOYS FOR BOB, INC. XXX CORPORATE \_\_\_\_ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XXX \_\_\_ CERTIFIED COPY \_\_\_\_\_ PLAIN STAMPED COPY

EXAMINER:

CORPORATION SERVICE COMPANY

CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

## COVER LETTER

TO:	Amendment Section Division of Corporations	
SHBI	Toys for Bob, Inc.	
30130		of Corporation)
DOC	UMENT NUMBER: F16000001939	
The e	nclosed withdrawal application and fee are s	submitted for filing.
	e return all correspondence concerning this r to the following:	
	Kathryn Murray	
	(Name	e of Person)
	Toys for Bob, Inc.	
	(Firm	/Company)
	3100 Ocean Park Boulevard	
	(A	ddress)
	Santa Monica, CA 90405	
	(City/Stat	e and Zip code)
For fi	urther information concerning this matter, plea	se call:
Kathryn Murray 3° at (		310 255-2510 (   )
Enclo	(Name of Person) used is a check for the amount:	(Area Code & Daytime Telephone Number)
\$3	(Add	75 Filing Fee & \$\ \$52.50 Filing Fee, fied Copy Certificate of Status & Certified ditional copy is Copy (Additional copy is enclosed) losed)
	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

Toys for Bob, Inc.	
(Name of Corpor	ation)
F16000001939	
(Document Number of Gorpo	oration (if known)
California	
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.	_
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct aff	process based on a cause of action arising during
The following is a current mailing address for the corporation	
3100 Ocean Park Boulevard	-2 LE
(Mailing Addre	ass)
Santa Monica, CA 90405	
(City/ State /Zi	ip)
The corporation agrees to notify the Department of State in t	he future of any change in its mailing address.
	9/27/17
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Kathryn Murray	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35