F1700000 2792

| (Requestor's Name) | |
|---|---------------|
| (Address) | 700343142 |
| (Address) | 100040142 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 04/13/2001026 |
| (Document Number) | |
| Certified Copies Certificates of Status | Ç.e. |
| Special Instructions to Filing Officer: | : : |
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Mighdrawal

APR 27 2020 I ALBRITTON

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: Document Imaging Systems (Name of C | of St. Louis, Inc orporation) |
| DOCUMENT NUMBER: F1700000 2793 | |
| The enclosed withdrawal application and fee are submi | tted for filing. |
| Please return all correspondence concerning this matter to | o the following: |
| Adairnne Scales-Williams (Name of Po | |
| (Name of Po | erson) |
| Document Imaging Systems of (Firm/Com | pany) |
| 1463 S. Vandevenden Avenu (Addres | <u></u> |
| | |
| St. Louis Mo. 63110 | |
| St. Louis, Mo. 6311 U (City/State and | Zip code) |
| For further information concerning this matter, please cal | |
| Admenne Scales - Williams at (31 | 4) 531-0167 |
| Adrienne Scales - Williams at (31) (Name of Person) | Area Code & Daytime Telephone Number) |
| Enclosed is a check for the amount: | |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Fi Certificate of Status Certified Co (Additiona Enclosed) | Opy Certificate of Status & Certified Copy is Copy (Additional copy is enclosed) |
| Amendment Section Amer Division of Corporations Divis P.O. Box 6327 The C Tallahassee, FL 32314 2415 | Address: Indirect Section Ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Indirect Section 10 10 10 10 10 10 10 10 10 10 10 10 10 |

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

| Downerst lunaging Systems of St. Law Inc. (Name of Corporation) |
|---|
| (Document Number of Corporation (if known) |
| Inexposated in State of Missouri / Authorized in Florida 6-19-17 (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: |
| 1463 S. Vandeventer Avenur |
| St. Louis Missouri 63110 City/ State /Zip) |
| (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) (Date) |
| Adarenne Sales-Williams Parsadent/Owner (Typed or printed name of person signing) (Title of person signing) |

FILING FEE \$35