

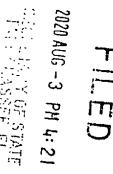
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100349316741

08/69/26 - -01094 - -012 - *635.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Ayasdi, Inc.	
· · · · · · · · · · · · · · · · · · ·	(Name of Corporation)
DOCUMENT NUMBER: F19000000992	2
The enclosed withdrawal application an	ad fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Gary Hagmueller	
	(Name of Person)
Ayasdi, Inc.	
	(Firm/Company)
1325 Howard Ave., #817	
	(Address)
Burlingame CA 94010	
	(City/State and Zip code)
For further information concerning this m	natter, please call:
Gary Hagmueller	at (415)215-8346
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Statu	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

14 C

	AYASDI, INC.	
	(Name of Corporation)	
	F19(XXXXX)992	
	(Document Number of Corporation	(if known)
	Delaware	
	(Incorporated Under Laws of and date authorized to transa	ct business/conduct its affairs)
-	poration is no longer transacting business or conducting a ly surrenders its authority to transact business or conduct	•
appoints	poration revokes the authority of its registered agent in the Department of State as its agent for service of process as authorized to transact business or conduct affairs in Flo	based on a cause of action arising during the
The follo	owing is a current mailing address for the corporation:	2020 AUG
	1325 Howard Ave #817	
	(Mailing Address) Burlingame, CA 84010	-3 PM L
	(City/ State /Zip)	21
	oration agrees to notify the Department of State in the fut	7/27/20
	receiver or other court appointed fiduciary, by that fiduciary) Sary Hagmueller	(Date) CEO
_	(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35