F19000002540

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
(Business Entity Name)		
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to withdraw the authority of a foreign corporation that is transacting business or conducting affairs in Florida. The requirements are as follows:

- Pursuant to section 607.1520 or 617.1520. Florida Statutes, the attached application should be > completed in its entirety.
- \geq The fees are as follows:

\$ 35.00 Filing Fee -

\$ 8.75 Certified Copy (optional) -

Certificate of Status (additional) (optional) -\$ 8.75

- ÷ Checks should be made payable to the Florida Department of State.
- Please complete the attached cover letter and return it with the withdrawał application and fee.

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

For further information, you may call (850) 245-6050.

CR2E023 (4/13)

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

ANDERSEN BJORNSTAD KANE JACOBS, INC

	10
(Name of Corporation	i) = 33
F19000002540	, <u>F</u>
(Document Number of Corporatio	on (if known)
·	
\• (\)	: 3B
(Incorporated Under Laws of and date authorized to trans	<u> </u>
This corporation is no longer transacting business or conducting foluntarily surrenders its authority to transact business or conducting this corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of processime it was authorized to transact business or conduct affairs in Fifthe following is a current mailing address for the corporation:	et affairs in Florida. in Florida to accept service on its behalf as based on a cause of action arising during
13056 42ND AVENUE NE (Mailing Address)	
(
SEATTLE, WA 98125-4625	
(City/ State /Zip)	
The corporation aggres to notify the Department of State in the full state in the fu	uture of any change in its mailing address. 10/23/2023 (Date)
VICTOR SZMANIA	ACCOUNTING MANAGER
(Typed or printed name of person signing)	(Litle of person signing)

FILING FEE \$35