

F20000002658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

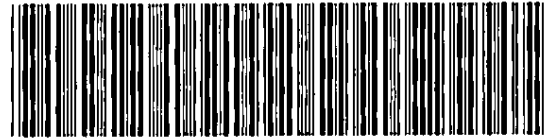
(Business Entity Name)

(Document Number)

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2021 JUN 14 PM 12:25

AM 10:42

ALLAHABAD, INDIA

FILE

JUN 14 2021

FILE 1ST

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 855255 4306285

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : June 11, 2021

ORDER TIME : 8:45 AM

ORDER NO. : 855255-015

CUSTOMER NO: 4306285

FOREIGN FILINGS

NAME: INTERACTIVE DIGITAL SOLUTIONS,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

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

INTERACTIVE DIGITAL SOLUTIONS, INC.

\_\_\_\_\_  
(Name of Corporation)

F2 000000 2658

\_\_\_\_\_  
(Document Number of Corporation (if known))

INDIANA 06/09/2020

\_\_\_\_\_  
(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:

14701 CUMBERLAND RD., SUITE 400

\_\_\_\_\_  
(Mailing Address)

NOBLESVILLE, IN, 46060

\_\_\_\_\_  
(City/ State /Zip)

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

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

6-7-2021

\_\_\_\_\_  
(Date)

TRACY MILLS

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**