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| (Requestor's Name) |
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| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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Withdrawd



SALLAHASSEE, FLORE

RECEIVED

A. RAMSEY APR 2 & 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Eyliena Baker - EXT#

| There. 030 330 1300 | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| ACCOUNT NO. : I2000000195 | | | | | | | | | |
| REFERENCE : 699322 8286951 | | | | | | | | | |
| AUTHORIZATION : The man | | | | | | | | | |
| COST LIMIT : \$ 35.00 | | | | | | | | | |
| Oppm | | | | | | | | | |
| ORDER DATE : April 24, 2023 | | | | | | | | | |
| ORDER TIME : 9:21 AM | | | | | | | | | |
| ORDER NO. : 699322-005 | | | | | | | | | |
| CUSTOMER NO: 8286951 | | | | | | | | | |
| | | | | | | | | | |
| <u>FOREIGN FILINGS</u> | | | | | | | | | |
| NAME: COMPLETE PACKAGING AND SHIPPING SUPPLIES, 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 | | | | | | | | | |

EXAMINER: ____

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Complete Packaging and Shipping Supplies, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: |
| The enclosed withdrawal application and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Bradley C Huls CFO |
| Bradley C Huls CFO (Name of Person) |
| Complete Packaging and Shipping Supplies Inc. (Firm/Company) |
| |
| 5712 N Oxford Street |
| (Address) |
| Indianapolis, IN 46220 (City/State and Zip code) |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Bradley C Huls CFO at (317) 989-1010 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the amount: |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

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

Complete Packaging and Shipping Supplies Inc.
(Name of Conforation)

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| | | (1 | Document N | sumber of C | orporation | (if known) | | ا موسد ومعاد | 18 E |
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| | New | York | | 08- | - 26 | -20 | | | 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| _ | (Incorp | orated Under Lav | ws of and da | te authorize | d to transa | ct business/c | onduct its affai | rs) | |
| | | | | | | | | | 13.50 |
| | | longer transactits authority to | | | | | | of Florida | and hereby |
| This corne | oration revo | kes the author | rity of its | registered | agent in | Florida to | accent cervi | ice on its | hehalf and |
| | | ent of State as i | | | | | | | |
| | | to transact bus | | | | | | | , |
| Th. 6 11. | | | | | | | | | |
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| _ | | 77 07 10 - | <u>u -1.</u> | (Mailing A | ddress) | | | <u></u> | _ |
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| 7 | India | apolis, - | TN | 467 | 220 | | | | |
| | 100.41 | mpo(15, - | | (City/ Stat | e/Zip) | | | | _ |
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| The corpor | ration agree | s to notify the l | Departmer | nt of State | in the fut | ure of any | change in its | mailing ac | ddress. |
| | 1 | 0 11 | | c = 0 | | | .//_ | ./ | |
| रहा है | mil | ptor, president or oth ourt appointed fiduc | 12 | CFU | | | 4/27 | 1/202 | <u>3</u> |
| (2)B | civer or other | ourt appointed fiduc | ciary, by that f | iduciary) |) | | (Date) | | |
| | | | | | | | | | |
| i | Bradle. | C Huls | : CFC | > | | | CH | <i>-0</i> | |
| | (Typed or | printed name of pers | son signing) | | | | (Title of perso | n signing) | |

FILING FEE \$35