

72000003979

\_\_\_\_\_  
(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

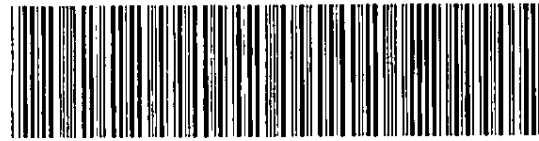
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2022 MAY 13 PM 6:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2022 MAY 13 PM 3:40  
TALLAHASSEE, FL

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 672702 4301771

AUTHORIZATION : *[Signature]*

COST LIMIT : \$35.00

ORDER DATE : May 12, 2022

ORDER TIME : 12:27 PM

ORDER NO. : 672702-075

CUSTOMER NO: 4301771

FOREIGN FILINGS

NAME: UNIVERSAL CONSULTING  
SERVICES, 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: Eyliena Baker - EXT#

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

**FILED**

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

**U.S. MAY 10 2020  
SECRETARY OF STATE  
TALLAHASSEE, FL**

Universal Consulting Services, Inc.

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

F20000003979

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

Virginia 08/25/2020

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

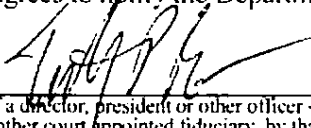
3975 Fair Ridge Drive, Suite 400

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

Fairfax, VA 22033

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

Timothy P. Borchert

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

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

Chief Executive Officer

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

**FILING FEE \$35**