## F21000001423

| (Red                                    | questor's Name) | _           |  |  |
|---|-----------------|-------------|--|--|
| (Address)                               |                 |             |  |  |
| (Address)                               |                 |             |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |
| (Business Entity Name)                  |                 |             |  |  |
| (Document Number)                       |                 |             |  |  |
| Certified Copies                        | Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |
| J. HORNE<br>APR 19 2024                 |                 |             |  |  |
| APR 19 2024                             |                 |             |  |  |
|   |                 |             |  |  |
|   |                 |             |  |  |

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE /: COST LIMIT : \$ 35.00 ORDER DATE : 04/17/2024 ORDER TIME : ORDER NO. : CUSTOMER NO: FOREIGN FILINGS NAME: PSOMAS CORP. ✓ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION

EXAMINER:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY
\_ PLAIN STAMPED COPY
\_ CERTIFICATE OF STATUS

CONTACT PERSON: AMANDA MILLER

## **COVER LETTER**

| TO:           | Amendment Section Division of Corporations  |  |   |   |
|---------------|---|--|---|---|
| SUBJ          | JECT: Withdraw of PSOMAS CORP.  |  |   |   |
|               |   | (Name of Corpora   | ation)                                    |   |
| DOC           | CUMENT NUMBER: F21000001423   |  |   |   |
| The e         | enclosed withdrawal application and fo  | Vision of Corporations  Withdraw of PSOMAS CORP.  (Name of Corporation)  ENT NUMBER: F21000001423  Seed withdrawal application and fee are submitted for filing.  Image: Author of Person (Name of Person)  Somas  (Firm/Company)  Hutton Centre Drive. Suite 300  (Address)  anta Ana, CA 92707  (City/State and Zip code)  Finformation concerning this matter, please call:  Sees at (714 316-6301 (Area Code & Daytime Telephone Number)  So a check for the amount:  Sing Fee S43.75 Filing Fee & Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)  (Address: Street Address: Amendment Section Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |   |   |
| Please        | e return all correspondence concerning  | this matter to the f   | ollowi                                    | ng:                                       |
|               | Matthew Pipes   |  |   |   |
|               |   | (Name of Person)   | )   |   |
|               | Psomas  |  |   |   |
|               |   | (Firm/Company)   |   |   |
|               | 5 Hutton Centre Drive. Suite 300  |  |   |   |
|               |   | (Address)  |   |   |
|               | Santa Ana, CA 92707   |  |   |   |
|               | (Ci   | ty/State and Zip co  | ode)                                      |   |
| For fu        | urther information concerning this matte  | er, please call:   |   |   |
| Matthe        | new Pipes   | 714<br>at (  | 316-6                                     | 301                                       |
|               | (Name of Person)  | (Area  | Code &                                    | ¿ Daytime Telephone Number)               |
| Enclo         | osed is a check for the amount:   |  |   |   |
| <b>≡</b> \$3: |   | Certified Copy (Additional copy  |   | Certificate of Status & Certified         |
|               | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amendment Division of The Centre   | nt Secti<br>f Corpo<br>e of Tal<br>Ionroe | orations<br>Hahassee<br>Street, Suite 810 |

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

PSOMAS CORP.

| (Name of Corporation   | n)   |
|--|--|
| F21000001423   |  |
| (Document Number of Corporation  | on (if known)                                    |
| California; 3/15/2021  | sact business/conduct its affairs)               |
| (Incorporated Under Laws of and date authorized to tran  | sact business/conduct its affairs)               |
| This corporation is no longer transacting business or conducting obtained of conducting obtained or conducting to transact business or conducting to transact business or conducting to transact business or conducting the conducting transacting business or conducting transacting transacting transacting transacting transacting business or conducting transacting busin | g affairs within the State of Florida and herei  |
| This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proce ime it was authorized to transact business or conduct affairs in F   | ss based on a cause of action arising during the |
| The following is a current mailing address for the corporation:  |  |
| 865 South Figueroa Street, Suite 3200  |  |
| (Mailing Address)  |  |
| Los Angeles, CA 90017  |  |
| (City/ State /Zip)   |  |
| The corporation agrees to notify the Department of State in the fi   | uture of any change in its mailing address.      |
| (WII) We   | 4/15/2024  |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  | (Date)   |
| Chad M. Wilson   | Secretary and General Counsel                    |
| (Typed or printed name of person signing)  | (Title of person signing)                        |

**FILING FEE \$35**