## F21000002570

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/22/2021	_		⇔WALK IN**
ENTITY NAME Patrick	Exterminating Inc		
DOCUMENT NUMBER_			
	**PLEASE FILE 1	THE ATTACHED AND RETURN**	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Ar Certificate of Good S		<u></u> .
	**APOSTILLE'/	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TTION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$35		ACCOUNT #: 1201600000°	72
Please call Tina at	the above number for	any issues or concerns. Thank you	so much!

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

Patrick Exterminating, Inc.	
(Name of Corporation)	
F210000025 70 (Document Number of Corporation (if known)	
Delaware 5 [ 0   2 ]  (Incorporated Under Laws of and date authorized to transact business/c	onduct its affairs)
This corporation is no longer transacting business or conducting affairs with voluntarily surrenders its authority to transact business or conduct affairs in F	
This corporation revokes the authority of its registered agent in Florida to appoints the Department of State as its agent for service of process based on a time it was authorized to transact business or conduct affairs in Florida.	5
The following is a current mailing address for the corporation:	
5955 TG Lee Blvd, Suite 260	2021
(Mailing Address)	E 22
Orlando, FL 32822	\$60 =
(Ĉity/ State /Zip)	EC 22 MIIO: 18
The corporation agrees to notify the Department of State in the future of any of Docusigned by.	change in its mailing address.
Tony Busquets	12/21/2021
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
	President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**