

F22000003534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Withdrawal

2023 MAR 15 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2023 MAR 15 PM 2:53  
DIV. OF  
REGISTRATION  
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY

MAR 16 2023

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 03/15/2023

Acc#I20160000072

*mic DJH*

Name:	Corvium, Inc.
Document #:	
Order #:	14839889

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
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Amount: \$ **35.00**

Thank you!

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

Corvium, Inc.  
 \_\_\_\_\_  
 (Name of Corporation)

F22000003534  
 \_\_\_\_\_  
 (Document Number of Corporation (if known))

DE/3-17-2009 In Florida 6-7-22  
 \_\_\_\_\_  
 (Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

2023 MAR 15 AM 9:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

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:

12110 Sunset Hills Rd., Ste 100  
 \_\_\_\_\_  
 (Mailing Address)

Reston, VA 21090  
 \_\_\_\_\_  
 (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)

3/15/23  
 \_\_\_\_\_  
 (Date)

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

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

**FILING FEE \$35**