

794000001872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

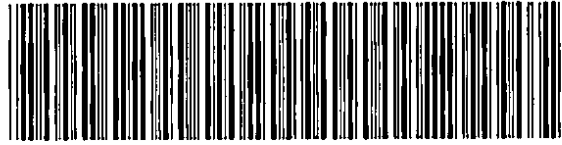
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

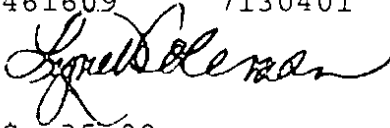
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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2020 OCT 26

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

ACCOUNT NO. : I20000000195  
REFERENCE : 461609 7130401  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

ORDER DATE : October 20, 2020  
ORDER TIME : 10:43 AM  
ORDER NO. : 461609-140  
CUSTOMER NO: 7130401

FOREIGN FILINGS

NAME: ASAP SOFTWARE EXPRESS, 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: Amanda Robinson - EXT# 62968

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

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

ASAP Software Express, Inc.

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

F94000001872

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

Illinois

04/12/1994

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

One Dell Way

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

Round Rock, TX 78682

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

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STATE  
OF FLORIDA

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, or in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10/23/2020

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

Robert L. Potts

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

Sr. Vice President

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

**FILING FEE \$35**