F9400005555

(Red	questor's Name)			
(Add	dress)			
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	ent Section of Corporations			
SURTECT:	Michalantic (SERVITIEL LIA		
30b3Ee1	MipA+lastic ((Name of Corporation)		
DOCUMENT NUMBER: F9400005553				
The enclosed wit	thdrawal application and (fee are submitted for filin	g.	
Please return all	correspondence concerning	this matter to the follow	ing:	
	Till Fach	l	Paris, 1/2 76251	
		(Name of Person)		
	LEVEL Four	same, LL		
		(Firm/Company)	/	
	12400 Coit	Rd. Frite 400	VALL45, TX 76251	
		(Address)		
	(C	ity/State and Zip code)		
For further infor	mation concerning this mat	ter, please call:		
JIL	2 Fach 2	at (866) 8	34-1040	
	Name of Person)	(Area Code	& Daytime Telephone Number)	
Enclosed is a che	eck for the amount:			
S35 Filing Fe	e 🗆 \$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)	
Division P.O. Box	ent Section of Corporations	Street Address: Amendment Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF PH 1: 08 AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

MidAtlantic Securities NC.	The state of
(Name of Corporation)	
F9400005553	
(Document Number of Corporation (if known)	
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs	
(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 voluntarily surrenders its authority to transact business or conduct affairs in Florida.	Florida and hereby
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of actio time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
12400 Cont Rd Suite 700 (Mailing Address)	
Tamas TX 45251 (City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its m	ailing 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
The Licha Crywited (Typed or printed name of person signing) (Title of person	MUSEL_

FILING FEE \$35