

F94000005667

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

FILED  
98 JAN 26 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

withdrawal

900002411369--9  
-01/26/98--01031--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DLR South, Inc. P94000005667  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 1/26

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

RECEIVED  
98 JAN 26 AM 11:09  
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Name	<u>1/26/98</u>
Address	<u>POH</u>
Document	<u>POH</u>
Examiner	<u>POH</u>
Updater	<u>POH</u>
Update	<u>POH</u>
Verifier	<u>POH</u>
Acknowledgement	<u>POH</u>
W.P. Verifier	<u>POH</u>

\_\_\_\_\_  
Registration Fee

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

DLR SOUTH, INC.

(Name of Corporation)

DELAWARE

(Incorporated Under Laws Of)

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TALLAHASSEE, FLORIDA

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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

543 Madison Avenue

(Mailing Address)

New York, NY 10022

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature

Vice President & Secretary

Title

Tim Greene

Typed or printed name

1/2/98

Date