

F96000001053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

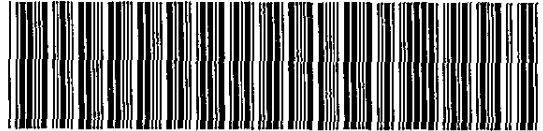
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Withdrawal

RECEIVED  
05 MAR 14 AM 10:58  
TALLAHASSEE, FLORIDA  
STATE  
SECRETARY OF STATE

FILED  
05 MAR 14 PM 3:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

DR  
3/14/10



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 252945 7155110  
AUTHORIZATION : *Patricia Ryzko*  
COST LIMIT : \$ 35.00

-----  
ORDER DATE : March 11, 2005  
ORDER TIME : 9:50 AM  
ORDER NO. : 252945-030  
CUSTOMER NO: 7155110  
CUSTOMER: Maura Santos  
Cendant Corporation  
1 Campus Drive  
Parsippany, NJ 07054  
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FOREIGN FILINGS

NAME: VILLAGER FRANCHISE SYSTEMS,  
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: Susie Knight - EXT# 2956

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

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

VILLAGER FRANCHISE SYSTEMS, INC.

(Name of Corporation)

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

DELAWARE

(Incorporated Under Laws of)

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SECRETARY OF STATE  
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 for the corporation:

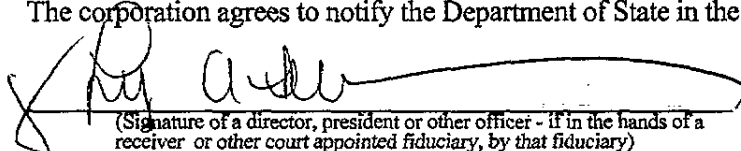
1 SYLVAN WAY

(Mailing Address)

PARSIPPANY, NJ 07054

(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)

3/8/05  
(Date)

LYNN A. FELDMAN

(Typed or printed name of person signing)

VP & ASST. SECY...

(Title of person signing)

**FILING FEE \$35**