

F96000001259

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
· (Bu	siness Entity Nar	ne)		
(Do	cument Number)	<u> </u>		
Certified Coples	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



800106451508 Withdrawal





1/24/07

file 1St



N SERVICE COMPANY		
	ACCOUNT NO. :	0,72100000032
	REFERENCE :	7545936
i	AUTHORIZATION :	
	COST LIMIT :	
ORDER DATE : Ju	ly 18, 2007	
ORDER TIME : 9	:12 AM	
ORDER NO. : 01	5538-075	
CUSTOMER NO:	7545936	_ ·
	FOREIGN FILI	NGS .
NAME:	ERA FRANCHISE SY	STEMS INC.
XXCORPORATE		
XXXX WITHDRAWAL/	CANCELLATION	=
PLEASE RETURN THI	E FOLLOWING AS PR	OOF OF FILING:
XX PLAIN ST	MPED COPY	
CONTACT PERSON:	Amanda Roath - E	XT# 2955

EXAMINER:

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

ERA Frachi	se Systems Inc.			
	(Name o	f Corporation)		
F960000012	259		7A 2	
	(Document Number	of Corporation (if known)	ECRE LLAI	
Delaware			UL 24 TARY HASSE	=
	(Incorporate	ed Under Laws of)	EG P	m
This corporation is no lo voluntarily surrenders its	nger transacting business or authority to transact busines	conducting affairs within s or conduct affairs in Flor	the State of Florida and rida.	hereby
appoints the Department	s the authority of its registe of State as its agent for servi transact business or conduct	ce of process based on a c		
The following is a current	t mailing address for the corp	poration:		
1 Campus D	r.			
	(Maili	ng Address)		** ' ₄
Parsippany,				
	(City/	State /Zip)		
Sit	president of other officer - if in the har	1	inge in its mailing address H 0 (Date)	SS.
Seth I. Truwit		Sr. VP.	& Asst. Secretary	

FILING FEE \$35

(Title of person signing)

(Typed or printed name of person signing)