

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000215949 3)))



H140002159493ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850) 222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL T.A. FINANCIAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER** 

TO:	Amendment Section Division of Corporations		t	
ey fib i	IECT: T. A. Financial Services, Inc.		•	•
SUBJ	ILC1:	(Name of Corporation	n)	
DOC	UMENT NUMBER: F96000003586	· · · · · · · · · · · · · · · · · · ·		
The e	nclosed withdrawal application and	i fee are submitted for fi	ling.	
	e return all correspondence concernir r to the following:	ng this		
		(Name of Person)		•
•		· · · · · · · · · · · · · · · · · · ·		·
		(Firm/Company)		
		(Address)	······································	
		City/State and Zip code		
For fu	orther information concerning this me	atter, please call:	. •	
	·	at ()_	· .	
Enclo	(Name of Person) sed is a check for the amount:	(Area Cod	le & Daytime Telephone Number	)
<b>□ \$</b> 35	5 Filing Pee S43.75 Filing Fee & Certificate of Status		Certificate of Status & Cert	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301	

T. A. Financial Services, Inc.

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

	,	(Name of Corpor	etion) .	•	$\mathcal{L}_{\mathbf{x}}$
			,		men
P96000003586			•		70
	(Doc	cument Number of Corpo	ration (if known)		25
,		•			D D
Pennsylvania				•	
. 10.00)17000		(Incorporated Under	Laws of)		
					•
		ng business or conduc			
		s agent for service of seiness or conduct aff		a cause of ac	tion arising
34 . 4					
llowing is a current	mailing addr	ess for the corporation	n:		
_	mailing addr	ess for the corporation	n:		
ollowing is a current	mailing addr				
_	mailing addn	ess for the corporation (Mailing Addre			·
_	mailing addr				·
_	mailing addr	(Mailing Addre	<b>15</b> )		
2 Veterans Sq.	mailing addr		<b>15</b> )		
2 Veterans Sq.	mailing addr	(Mailing Addre	<b>15</b> )		
2 Veterans Sq.  Medis, PA 19063		(Mailing Addre	<b>ss</b> )	hanoe in ito mo	illine eddres
2 Veterans Sq.  Medis, PA 19063		(Mailing Addre	<b>ss</b> )	hange in its me	iling addres
2 Veterans Sq.  Medis, PA 19063		(Mailing Addre	<b>ss</b> )	hange in its me	iling addres
2 Veterans Sq.  Media, PA 19063  orporation agrees to	notify the De	(Mailing Addre  (City/ State /Zi  partment of State in the	<b>ss</b> )	hange in its ma	illing addres
2 Veterans Sq.  Medis, PA 19063  Exporation agrees to	notify the De	(Mailing Addre  (City/ State /Zi  partment of State in the	<b>ss</b> )	hange in its me Splenber (Date)	iling addres
2 Veterans Sq.  Media, PA 19063  orporation agrees to	notify the De	(Mailing Addre  (City/ State /Zi  partment of State in the	<b>ss</b> )	hange in its me September (Date)	iling addres
2 Veterans Sq.  Media, PA 19063  Exporation agrees to proportion agreement agrees to proportion agrees to proporti	notify the De	(Mailing Addre  (City/ State /Zi  partment of State in the control of the control	<b>ss</b> )	Splenber (Data)	illing addres