## FA6000005699

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
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|   |  |  |  |

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |  |  |  |  |
|---|--|--|--|--|
| REFERENCE : 898401 5047625                      |  |  |  |  |
| AUTHORIZATION : Spelle le man                   |  |  |  |  |
| COST LIMIT : \$35.00                            |  |  |  |  |
|   |  |  |  |  |
| ORDER DATE : August 27, 2019                    |  |  |  |  |
| ORDER TIME : 5:19 PM                            |  |  |  |  |
| ORDER NO. : 898401-020                          |  |  |  |  |
| CUSTOMER NO: 5047625                            |  |  |  |  |
|   |  |  |  |  |
| FOREIGN FILINGS                                 |  |  |  |  |
|   |  |  |  |  |
| NAME: ALLIN INTERACTIVE CORPORATION             |  |  |  |  |
|   |  |  |  |  |
| 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     |  |  |  |  |

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

## **COVER LETTER**

| TO:           | Amendment Section Division of Corporations   |
|---------------|--|
| SUBJ          | Allin Interactive Cornoration  |
| SODS          | (Name of Corporation)  |
| DOC           | JMENT NUMBER:  |
| The en        | closed withdrawal application and fee are submitted for filing.  |
|               | return all correspondence concerning this to the following:  |
|               | Robert V Fulton  |
|               | (Name of Person)   |
|               | Allin Interactive Corporation  |
|               | (Firm/Company)   |
|               | 200 Fleet Street, Suite 1210   |
|               | (Address)  |
|               | Pittsburgh, PA 15220   |
|               | (City/State and Zip code)  |
| For fu        | rther information concerning this matter, please call:   |
| Rober         | t V Fulton 412 848-7094  |
| Enclo         | (Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:   |
| <b>√</b> \$3: | Filing Fee \$\int \\$43.75 \text{ Filing Fee & }\int \\$43.75 \text{ Filing Fee & }\int \\$52.50 \text{ Filing Fee,} \\ Certificate of Status & Certified Copy & Certificate of Status & Certified \\ (Additional copy is \\ Enclosed)  Copy (Additional copy is enclosed) |
|               | MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section  |

Division of Corporations

Tallahassee, FL. 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL.32314

P.O. Box 6327

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

| Allin Interactive Corporation  |  |
|--|--|
| (Name of Corporation)  |  |
| F9600005699  |  |
| (Document Number of Corporation  | (if known)   |
| Delaware   |  |
| (Incorporated Under Laws   | of)  |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process. | affairs in Florida.  Florida to accept service on its behalf and ess based on a cause of action arising during |
| the time it was authorized to transact business or conduct affairs in  | n Florida.   |
| The following is a current mailing address for the corporation:  |  |
| 200 Fleet Street, Suite 1200   | \[ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| (Mailing Address) Pittsburgh, PA 15220   | VIII/SSE   |
| (City/ State /Zip)   | 9:21   |
| The corporation agrees to notify the Department of State in the fu   | ture of any change in its mailing address.   |
| Chant fulla  | 08/23/2019   |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  | (Datc)   |
| Robert V Fulton  | Asst Secretary   |
| (Typed or printed name of person signing)  | (Title of person signing)  |