

F9600000 6303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

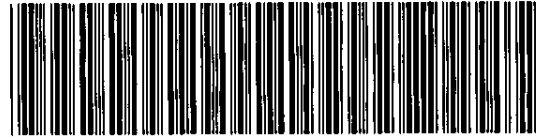
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2018 JUL 18 PM 1:53

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13 JUL 18 PM 2:17

TO ACKNOWLEDGE
SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withdrawal
07/18/18
D



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 729869 53500B

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 18, 2013

ORDER TIME : 10:27 AM

ORDER NO. : 729869-035

CUSTOMER NO: 53500B

* pls file / ST *

FOREIGN FILINGS

NAME: OPEN SOLUTIONS, 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: Carina L. Dunlap - EXT# 52951

EXAMINER: _____

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

Open Solutions Inc.

(Name of Corporation)

F96000006303

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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:

PO Box 979

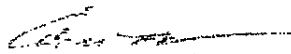
(Mailing Address)

Brookfield, WI 53045

(City/ State /Zip)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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)

7/17/2013
(Date)

Cari M. Weber

(Typed or printed name of person signing)

Asst. Secretary

(Title of person signing)

FILING FEE \$35