

F97000001516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

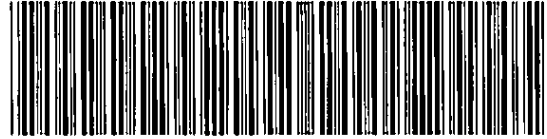
(Business Entity Name)

(Document Number)

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Withdrawal

FILED

2023 OCT 19 AM 8:05

STATE OF FLORIDA  
SECRETARY OF STATE

RECEIVED

2023 OCT 19 PM 3:15

DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

A. RAMSEY  
OCT 20, 2023

**CT CORP**  
**(850) 656-4724**  
**3558 Lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/19/2023

Acc#120160000072

*eric DW*

Name:	THE TOWNSEND CORPORATION OF INDIANA
Document #:	
Order #:	15179979 - 43

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<b>1. Corp Withdrawal</b>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	<b>2. LLC Registration</b>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

**Thank you!**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Townsend Corporation of Indiana  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F97000001516  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Samblanet - Paralegal  
\_\_\_\_\_  
(Name of Person)

Icc Miller LLP  
\_\_\_\_\_  
(Firm/Company)

250 West Street - Suite 700  
\_\_\_\_\_  
(Address)

Columbus, OH 43215  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Samblanet - Paralegal at ( 614 ) 462-1045  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

The Townsend Corporation of Indiana

(Name of Corporation)

F97000001516

(Document Number of Corporation (if known))

Indiana - 3/25/1997

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

2023 OCT 19 AM 8:05  
FILED  
DEPARTMENT 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:

P.O. Box 7015

(Mailing Address)

Muncie, IN 47308

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:  
*Michelle M. Molin*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10/16/2023

(Date)

Michelle M. Molin

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35**