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COVER LETTER

D	mendment Section vivision of Corporations		
SHRIEC	CT:	ecel Cir	
SUBJEC	.1. <u> </u>	(Name of Corporation)	
DOCUM	IENT NUMBER:		
The enclo	osed withdrawal application and f	ee are submitted for filing	3.
Please re	turn all correspondence concerning		
	Ha Thing	R. Laure	
	C. F	(Name of Person)	
	Syn. Enos		
	5-745 V://a	ge Drive	14 6
		(Address)	
	Concerd, 10	$V \in \mathcal{O} + c = 2$ ity/State and Zip code)	<u>></u>
For furth	er information concerning this matt		
	-	-	15 0441-
	(Name of Person)	(Area Code &	& Daytime Telephone Number)
Enclosed	is a check for the amount:		
□ \$35 F	iling Fee 街 \$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
A D P	lailing Address: Imendment Section Division of Corporations I.O. Box 6327 Callahassee, FL 32314	Street Address: Amendment Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Hahassee

Tallahassee, FL 32303

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

(Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known)
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
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:
5785 Village DEIVE NW (Mailing Address)
Conford NC 25027 (City/State/Zip)
(<u>-</u>
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 tiduciary, by that fiduciary) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35