

M09000001583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

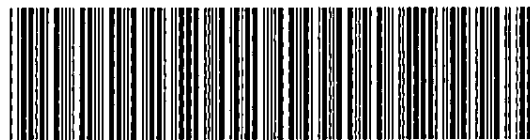
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B. KOHR

NOV - 9 2011

EXAMINER



500213936865

11/09/11--01012--002 **55.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 NOV - 9 AM 10:38
TELEPHONE
SUPERVISOR OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV - 9 PM 1:04

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 11/09/2011

REF. #: 001555.156966

CORP. NAME: DESPATCH GP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -9 PM 1:04

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input checked="" type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 542179 **FOR \$** 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV -9 PM 1:04

Despatch GP LLC

(Name of limited liability company)

Minnesota

(Jurisdiction of its organization)

M09000001583

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

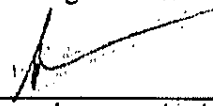
80 South 8th Street Suite 700

(Mailing address)

Minneapolis, MN 55402

(City/State/Zip)

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


(Signature of member or authorized representative of a member)

Stephen T. Lerum, Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00