## ALY LARSON 600002158146--1 -04/29/97--01059--013 \*\*\*\*\*35.00 \*\*\*\*\*35.00 City/State/Zip Phone # Office Use Only - STAN ON MICHS CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS -Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(1:95)

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

OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA
Name of Corporation)  (Name of Corporation)
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA  (Name of Corporation)  (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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.
53 GRENATIEN CRES. (Mailing Address)
THO BUILTY ONT ARIO LAT 7/9 (City/ State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Signature Title  Title  Typed or printed name  Title