	IFG MA	21 E	53 undes				
	3/24 Pear At/andp City/State/Z	Address es R A 303 Lip Phone #	OLE 26	Office Use Only			
	CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):						
	2	oration Name)	(Document #)		SECRETAR TO		
	1	oration Name)	(Document #		SEE, FLORID		
	☐ Walk in ☐ Mail out ☐	Pick up time Will wait		Certified Copy Certificate of Status	P		
	Profit NonProfit Limited Liability Domestication	AMENDMENT Amendment Resignation of R.A., Change of Registere Dissolution/Withdra	Officer/Director	800002 -03/1 ****	2453928——2 1/98—01077—002 *35.00 *****35.00		
	Other	Merger					
RESIDENCE TO SECURITY OF THE PROPERTY OF THE P	OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRAT QUALIFICA Foreign Limited Partnership Reinstatement Trademark	A recoveration and a second and a second as a second a	W ANK	MAR Gas		
		Other		Francis and Jaintin	31		
_	11.01.05			Examiner's Initials			

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

Comprehensive Financial Services, Inc.	
(Name of Corporation)	
Maryland	
(Incorporated Under Laws Of)	
This corporation is no longer transacting business or conducting affair	
and hereby voluntarily surrenders its authority to transact business or c	onduct affairs in Florida.
This corporation revokes the authority of its registered agent in Flo	
behalf and appoints the Department of State as its agent for service of action arising during the time it was authorized to transact business or of the state of the service of the servic	-
action arising during the time it was authorized to transact outsiness of t	conduct arrains in Profida.
The following is a current mailing address to which the Department of	
process against this corporation that may be served on the Department.	
	ane of
P.O. Box 190150	PG 8
(Mailing Address)	三 五
	SSN = F
Atlanta, GA 31119-0150	mo i
(City/ State /Zip)	
	En -
The corporation agrees to notify the Department of State in the future	e of any change in its mailing
address.	0
All G Mille Vice	President
Signature	Title
Julie A. Sullivan	10798
Typed or printed name	Date