(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
	<u> </u>	

Office Use Only



200260856862

AUG 04 2014

R. WHITE



UN SERVICE COMPANY
ACCOUNT NO. : 12000000195
REFERENCE : 241283 10744A
AUTHORIZATION : July 8
COST LIMIT : \$35.00
ORDER DATE : August 1, 2014
ORDER TIME : 2:32 PM
ORDER NO. : 241283-005
CUSTOMER NO: 10744A
FOREIGN FILINGS
NAME: CARLTON CARDS RETAIL, INC.
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Emily Gray - EXT# 62925
EXAMINER:

FILED 14 AUG -1 17 (0:33

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

(Name of Corporation)

CARLTON CARDS RETAIL, INC.

(Document Number of Corporation (if known)  CONNECTICUT  (Incorporated Under Laws of)
CONNECTICUT
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and he 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 appoints the Department of State as its agent for service of process based on a cause of action arising duthe time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
ONE AMERICAN ROAD
(Mailing Address)
CLEVELAND, OH 44144
(City/ State /Zip)
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 fiduciary, by that fiduciary)  (Date)
Christopher W. haffke Secretary
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35