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TRST Orlando, Inc.

1000 Red River Street  
Austin, Texas 78701-2698

FILED  
98 AUG 20 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 17, 1998

Amendments Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: TRST Orlando, Inc.

500002621205--5  
-08/20/98--01075--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Gentlemen:

TRST Orlando, Inc. wishes to withdraw from doing business in the State of Florida. Pursuant to that end, enclosed are:

- (1) two counterpart original Applications for Withdrawal of Authority; and
- (2) a check in the amount of \$35.

Please return a file-stamped application to:

Carol Ellis  
TRST Orlando, Inc.  
c/o Teacher Retirement System of Texas  
1000 Red River Street  
Austin, Texas 78701

If you have any questions, please contact me at (512) 391-2203.

Very truly yours,

Carol Ellis

Enclosures

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

TRST Orlando, Inc.  
\_\_\_\_\_  
(Name of Corporation)

Texas  
\_\_\_\_\_  
(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.

c/o Legal Services Department  
Teacher Retirement System of Texas  
1000 Red River Street

\_\_\_\_\_  
(Mailing Address)

Austin, Texas 78701

\_\_\_\_\_  
(City/ State /Zip)

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



\_\_\_\_\_  
Signature

President  
\_\_\_\_\_  
Title

Charles L. Dunlap

\_\_\_\_\_  
Typed or printed name

8-17-98  
\_\_\_\_\_  
Date