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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL

DEPOSIT PAYMENT PROTECTION SERVICES, INC.

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

(Name of	Corporation)	
•	•	
P35849	•	: 2
(Document Number o	of Corporation (if known)	
•		AU.
•	₹ · · · · · ·	
Delaware		- 1
(Incorporated	Under Laws of)	
4		
s corporation is no longer transacting business or o	conducting affairs within the State of Florid: and	l he
intarily surrenders its authority to transact business		
s corporation revokes the authority of its register	ed agent in Riorida to accent service on its beh	half`
oints the Department of State as its agent for service		n mil
e it was authorized to transact business or conduct a	affairs in Florida.	
	**	
	Ţ,	
following is a current mailing address for the corporate	oration:	
following is a current mailing address for the corpo	oration:	
following is a current mailing address for the corpo	oration:	
601 Riverside Avenue, 12th Floor		
601 Riverside Avenue, 12th Floor	oration:	
601 Riverside Avenue, 12th Floor		
601 Riverside Avenue, 12th Floor		
601 Riverside Avenue, 12th Floor (Mailing		
601 Riverside Avenue, 12th Floor (Mailing Jacksonville, FL 32204		
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601 Riverside Avenue, 12th Floor (Mailling Jacksonville, FL 32204 (City/ S	g Address) State /Zip) Ite in the future of any change in its mailing address	SS.
Jacksonville, FL 32204 City/ S corporation agrees to notify the Department of Sta	g Address) State /Zip) Ite in the future of any change in its mailing address 7.30-10	ŝs.
Jacksonville, FL 32204 City/ S corporation agrees to notify the Department of Sta	State /Zip) Ite in the future of any change in its mailing address 7-30-10	ss.
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Jacksonville, FL 32204 City/ S corporation agrees to notify the Department of Sta	State /Zip) Ite in the future of any change in its mailing address 7-30-10	SS.
Jacksonville, FL 32204 (City/ Section agrees to notify the Department of States of the director, president or other officer of in the hand received of other court appointed fiductory, by that fiduciary)	g Address) State /Zip) Ite in the future of any change in its mailing address 7.30-/0 ds of u (Date)	ss.
Jacksonville, FL 32204 City/ S corporation agrees to notify the Department of Sta	State /Zip) Ite in the future of any change in its mailing address 7-30-10	ss.

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