Division of Corporations

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Department of State

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Toı

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORFORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL PRIMEVEST FINANCIAL SERVICES, INC.

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CT CORPORATION

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Primevest Financial Services, Inc.		
		(Name of Corporation	n)
DOC	UMENT NUMBER: P40676		
	nclosed withdrawal application and return all correspondence concerni		
		CT to pick up	
		(Name of Person)	
		(Firm/Company)	
		(Address)	
	((City/State and Zip code)
For fu	rther information concerning this ma	tter, please call:	
		at ()	le & Daytime Telephone Number)
Enclos	(Name of Person) sed is a check for the amount:	(Area Cod	de & Daytime Telephone Number)
□ \$35	Filing Fee \$\Bigcup\$43.75 Filing Fee & Certificate of Status		Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

	Primevest Financial Services, Inc. (Name of Corporation)	
	P40676	
	(Document Number of Corporation (if known)	ecross.
	Minnesota AR C	ē
	(Incorporated Under Laws of)	ESTAGE CONTRA E E
	orporation is no longer transacting business or conducting affairs within the State of Phorida and arily surrenders its authority to transact business or conduct affairs in Florida.	hereby
appoint	orporation revokes the authority of its registered agent in Florida to accept service an its behats the Department of State as its agent for service of process based on a cause of action arising the it was authorized to transact business or conduct affairs in Florida.	
The fol	llowing is a current mailing address for the corporation:	
•	Attn: Legal Department, 200 N. Sepulveda Blvd., Suite 1200 (Mailing Address)	
	El Segundo, CA 90245	
	(City/ State /Zip)	
The cor	rporation agrees to notify the Department of State in the future of any change in its mailing addres	is.
•	(Signature of director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	_
	Greg Olson Asst. Socretary	

FILING FEE \$35