

Q2100000066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

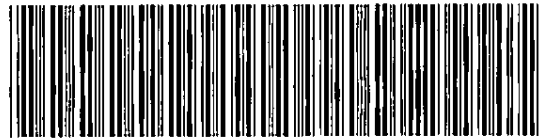
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/23--01019--021 **96.25

2023 JUN -9 AM 7:36

**APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOR
ALIEN BUSINESS ORGANIZATION**

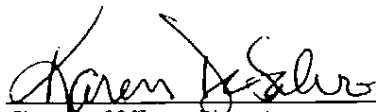
Jax Federal Credit Union

(Name of Alien Business Organization)

Florida

(Incorporated or Organized Under Laws of)

This entity is no longer required to maintain a registered agent in this state.


(Signature of Officer or Director)

Karen DeSalvo

(Typed or Printed Name)

CXO

(Capacity of Person Signing Application)

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Filing Fee: \$35.00

Certified Copy (Optional): \$52.50