

F19000000 819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

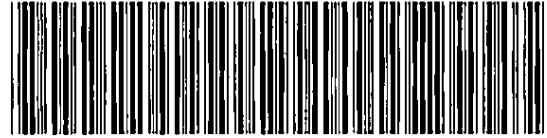
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400358808694

FILED  
2021 JAN 25 AM 8:07  
CLERK OF STATE  
TALLAHASSEE, FL

FILED  
2021 JAN 25 PM 2:11  
CLERK OF STATE  
TALLAHASSEE, FL

FILED  
2021 JAN 21

FILE 1ST

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 611473 8288861  
AUTHORIZATION : *Spud Coleman*  
COST LIMIT : \$ 35.00

-----  
ORDER DATE : January 11, 2021  
ORDER TIME : 11:35 AM  
ORDER NO. : 611473-015  
CUSTOMER NO: 8288861  
-----

FOREIGN FILINGS

NAME: SERVICE PRO.NET, 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: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Service Pro.Net, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F19000000819  
\_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Scaccia  
\_\_\_\_\_  
(Name of Person)

Much Shelist, PC  
\_\_\_\_\_  
(Firm/Company)

191 N. Wacker Dr., Ste. 1800  
\_\_\_\_\_  
(Address)

Chicago, IL 60606  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Sarah Scaccia at (312) 521-2441  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Service Pro.Net, Inc.

(Name of Corporation)

F19000000819

(Document Number of Corporation (if known))

Ohio: 2/15/19

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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 for the corporation:

1535 Georgesville Rd., Ste. A

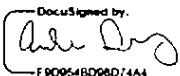
(Mailing Address)

Columbus, OH 43228

(City/ State /Zip)

2021 JUN 25 AM 8:07  
DEPT OF STATE  
ASSESSMENT

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

DocuSigned by:  


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

1/8/2021

(Date)

Andrew Deering

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

**FILING FEE \$35**