(Requesto	or's Name)
(Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
Fill 1st	J. HORNE FEB 2 0 2025

Office Use Only



600444228676

RECEIVED

FILE 1ST

Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I20000000195 REFERENCE : 994400 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: February 19, 2025 ORDER TIME : 1:03 PM ORDER NO. : 994400-005 CUSTOMER NO: 4301938 FOREIGN FILINGS NAME: MSM GROUP NORTH AMERICA 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

EXAMINER: ____

CORPORATION SERVICE COMPANY

CONTACT PERSON: Amanda Miller - EXT#

1201 Hays Street

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

MSM Group North America Inc.	
(Name of Corporation	n)
F25000000232	on (if known) sact business/conduct its affairs)
(Document Number of Corporation	on (if known)
Delaware, 1/13/2025	
(Incorporated Under Laws of and date authorized to trans	sact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting to transact business or conducting transacting business or conducting voluntarily surrenders its authority to transact business or conducting transacting business or conducting voluntarily surrenders its authority to transact business or conducting transacting business or conducting voluntarily surrenders its authority to transact business or conducting transacting business or conducting voluntarily surrenders its authority to transact business or conducting transacting business or conducting transacting business or conducting voluntarily surrenders its authority to transact business or conducting transacting business or conducting transacti	g affairs within the State of Florida and hereby et affairs in Florida.
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F	ss based on a cause of action arising during the
The following is a current mailing address for the corporation:	
200 Central Ave. 4th Floor, Suite 530	
(Mailing Address)	
St. Petersburg, FL 33701	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.
	2/18/2025
(Signature of a director, president or other officer - if in the hands of a preciver or other coust appointed fiduciary, by that fiduciary)	(Date)
Jason Gaines	Chief Executive Officer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35