

FO/0000004398

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

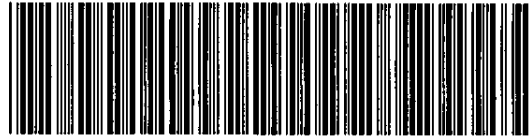
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300268708213

01/23/15--01015--009 \*\*43.75

withdrawal

FILED  
2015 JAN 23 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
1/26/15

# licenselogix

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January 21, 2015

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **DCS Enterprises, Inc.**  
**Certificate of Withdrawal**

To Whom It May Concern:

Enclosed please find a **Certificate of Withdrawal** for our client, **DCS Enterprises, Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application.

If there is any issue, or if you require any further information, please do not hesitate to contact me or my colleague, Anthony Rooney, at [arooney@licenselogix.com](mailto:arooney@licenselogix.com) or (800) 292-0909 x304.

Thank you,



**Jennifer Kellar**  
LicenseLogix  
140 Grand Street, Suite 300  
White Plains, NY 10601  
[jkellar@licenselogix.com](mailto:jkellar@licenselogix.com)  
(800) 292-0909 x311

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DCS Enterprises, Inc

(Name of Corporation)

**DOCUMENT NUMBER:** F01000004398

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

Please return all correspondence concerning this matter to the following:

Jerry Kane, President

(Name of Person)

DCS Enterprises, Inc

(Firm/Company)

20 Roger Williams Avenue

(Address)

Highland Park, IL 60035

(City/State and Zip code)

For further information concerning this matter, please call:

Jennifer Kellar

(Name of Person)

at (800) 292-0909 ext 311

(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  
2661 Executive Center Circle  
Tallahassee, FL. 32301

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

**DCS Enterprises, Inc**

(Name of Corporation)

**F01000004398**

(Document Number of Corporation (if known))

**Illinois**

(Incorporated Under Laws of)

FILED  
2015 JAN 23 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

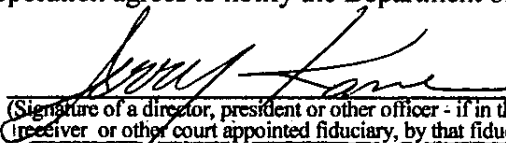
**20 Roger Williams Avenue**

(Mailing Address)

**Highland Park, IL 60035**

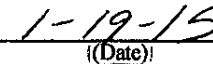
(City/ State /Zip)

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

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

**Jerry Kane**

(Typed or printed name of person signing)

  
(Date)

**President**

(Title of person signing)

**FILING FEE \$35**