

F930000002262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

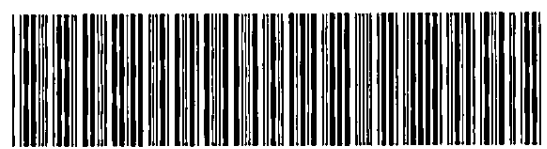
(Business Entity Name)

(Document Number)

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

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Office Use Only



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FILED RECEIVED  
2020 NOV 24 AM 9:17  
2020 NOV 24 PM 2:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11/24/20

RECEIVED  
2020 NOV 24 PM 2:57

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

TENCON CORPORATION  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195  
REFERENCE : 524238 8192783  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$35,000

ORDER DATE : November 20, 2020  
ORDER TIME : 11:21 AM  
ORDER NO. : 524238-010  
CUSTOMER NO: 8192783

FOREIGN FILINGS

NAME: TENCON, INC.

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tencon, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F93000002262  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Gregory J. Saxon  
\_\_\_\_\_  
(Name of Person)

Tencon, Inc.  
\_\_\_\_\_  
(Firm/Company)

530 Jones St.  
\_\_\_\_\_  
(Address)

Verona, PA 15147  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Gregory J. Saxon at 412-965-648  
\_\_\_\_\_  
(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**

Tencon, Inc.

\_\_\_\_\_  
(Name of Corporation)

F9300002262

\_\_\_\_\_  
(Document Number of Corporation (if known))

Tennessee

5/3/1993

\_\_\_\_\_  
(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:

530 Jones Street

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

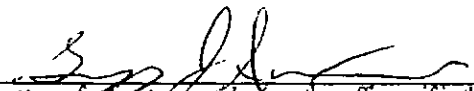
Verona, PA 15147

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

2020 NOV 24 AM 9:17

FILED

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)

NOV 12<sup>TH</sup> 2020  
\_\_\_\_\_  
(Date)

Gregory J. Saxon

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**