

FOOOOOOO 1469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

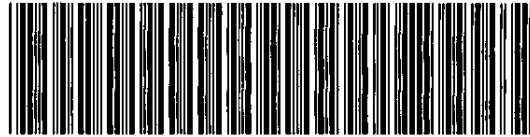
(Business Entity Name)

(Document Number)

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

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14 DEC -1 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 08 2013

C. CARROTHERS

# CONNELL FINANCE COMPANY, INC.

A SUBSIDIARY OF THE CONNELL COMPANY

TELEPHONE  
(908) 673-3700

FAX (908) 673-3800

www.connellco.com

200 CONNELL DRIVE

BERKELEY HEIGHTS, NJ 07922 USA

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

November 24, 2014

**Re: Application by Specon II, Inc. for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida.**

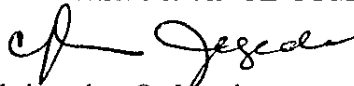
Dear Sir/Madam:

Please file the enclosed certificate of withdrawal of Authority of the above-referenced foreign corporation to to transact business in Florida. Also enclosed is a check in the amount of \$35.00, payable to Division of Corporations. Please return a file-stamped copy to my attention.

We appreciate your help in connection with this matter, and please feel free to contact me at (908) 673-3731, if you should have any questions.

Very truly yours,

**CONNELL FINANCE COMPANY, INC.**



Christopher O. Jegede

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Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPECON II, INC

(Name of Corporation)

**DOCUMENT NUMBER:** F00000001469

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

Please return all correspondence concerning this matter to the following:

Christopher Jegede

(Name of Person)

Connell Finance Company

(Firm/Company)

200 Connell Drive

(Address)

Berkeley Heights, NJ 07922

(City/State and Zip code)

For further information concerning this matter, please call:

Christopher Jegede

(Name of Person)

at ( 908 ) 673-3731

(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**

**SPECON II, INC.**

(Name of Corporation)

**F00000001469**

(Document Number of Corporation (if known))

**DELAWARE**

(Incorporated Under Laws of)

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:

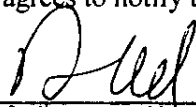
**c/o Connell Finance Company, 200 Connell Drive**

(Mailing Address)

**Berkeley Heights, NJ 07922**

(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)

**11/24/2014**

(Date)

**Duane Connell**

(Typed or printed name of person signing)

**Exec. Vice President**

(Title of person signing)

**FILING FEE \$35**

RECEIVED  
14 DEC - 1 AM 11:09  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA