

FD00000002016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

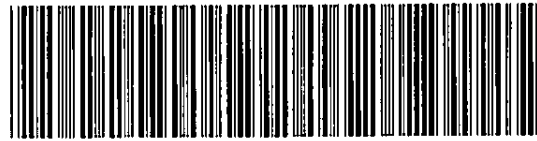
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
JUN 20 2025

Office Use Only



300452483973

FILED  
2025 JUN 19 PM 11:39

2025 JUN 19 PM 12:24

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

ACCOUNT NO. : I20000000195

REFERENCE : 050901 4730518

AUTHORIZATION :

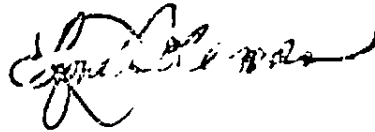
COST LIMIT : \$ 35.00

ORDER DATE : March 14, 2025

ORDER TIME : 3:18 PM

ORDER NO. : 050901-045

CUSTOMER NO: 4730518



FOREIGN FILINGS

NAME: AMERICAN PORTFOLIOS FINANCIAL  
SERVICES, 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: Amanda Miller - EXT#

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Portfolios Financial Services, Inc.

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

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

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

Please return all correspondence concerning this matter to the following:

Tracy Manganelli

\_\_\_\_\_  
(Name of Person)

Corporation Service Company

\_\_\_\_\_  
(Firm/Company)

251 Little Falls Drive

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

Wilmington, DE 19808

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

For further information concerning this matter, please call:

Aaren Hespenheide

at ( 480 ) 761-4345

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |                                          |                                                                        |                                                                                                     |                                                                                                                         |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee.<br>Certificate of Status & Certified<br>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**

American Portfolios Financial Services, Inc.

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

F00000002016

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

New York

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

2025 JUN 19 11:39  
FILED

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 Legal Department, 4250 Veterans Memorial Hwy., STE 420E

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

Holbrook, NY 11741

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

05/29/2025

\_\_\_\_\_  
(Date)

Abby Henig

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

Assistant Secretary

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

**FILING FEE \$35**