

FO10000005182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

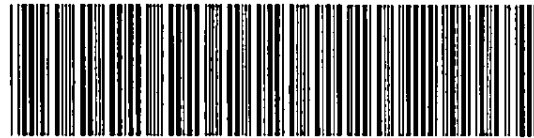
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500303045425

09/05/17--01034--002 **35.00

SEP 13 2017
S. YOUNG

FILED
17 SEP -5 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **PERSONNEL SYSTEMS, INC**

(Name of Corporation)

DOCUMENT NUMBER: **F01000005182**

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

Please return all correspondence concerning this
matter to the following:

SKYE L. GREGORY, CPA

(Name of Person)

GILMAN CIOCIA INC.

(Firm/Company)

540 GIDNEY AVENUE

(Address)

NEWBURGH, NY 12550

(City/State and Zip code)

For further information concerning this matter, please call:

SKYE L. GREGORY, CPA at **(845) 561-5540**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Certified
(Additional copy is Enclosed) 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**

PERSONNEL SYSTEMS, INC

(Name of Corporation)

F01000005182

(Document Number of Corporation (if known))

NEW YORK

(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:

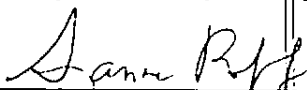
45 CHRISTOPHER STREET

(Mailing Address)

NEW YORK, NY 10014

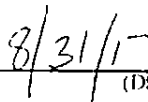
(City/ State /Zip)

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)

SUZANNE ROFF

(Typed or printed name of person signing)


(Date)

PRESIDENT

(Title of person signing)

FILING FEE \$35

FILED
17 SEP -5 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA