| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

524-



900351382309

C. GOLDEN DCT - 6 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | |
|---|--|--|--|
| REFERENCE : 407611 7981593 | | | |
| AUTHORIZATION: Spelle le man | | | |
| COST-LIMIT : \$ 43.75 | | | |
| ORDER DATE : September 1, 2020 | | | |
| | | | |
| ORDER TIME : 12:12 PM | | | |
| ORDER NO. : 407611-010 | | | |
| CUSTOMER NO: 7981593 | | | |
| | | | |
| FOREIGN FILINGS | | | |
| | | | |
| NAME: REMBRANDT ENTERPRISES, INC. | | | |
| | | | |
| XX CORPORATE | | | |
| LIMITED PARTNERSHIP | | | |
| LIMITED LIABILITY COMPANY | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | |
| | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | |
| XXCERTIFIED COPY | | | |
| PLAIN STAMPED COPY CERTIFICATE OF STATUS | | | |

EXAMINER:

CONTACT PERSON: Amanda Robinson - EXT#

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|---|--|
| SUBJ | ECT: Rembrandt Enterprises Inc. | |
| | | (Name of Corporation) |
| DOC | UMENT NUMBER: 200135302618 | |
| The e | nclosed withdrawal application and | fee are submitted for filing. |
| Plcase | return all correspondence concernin | g this matter to the following: |
| | Frank P. Walker | |
| | | (Name of Person) |
| | Rembrandt Enterprises Inc. | |
| | | (Firm/Company) |
| | 40 Ambridge Ct | |
| | | (Address) |
| | Springboro, OHIO 45066 | |
| | (0 | City/State and Zip code) |
| For fu | rther information concerning this ma | tter, please call: |
| | P. Walker | at (937) 313-9309 |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclos | ed is a check for the amount: | |
| □ \$35 | Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status | ■ \$43.75 Filing Fee & □ \$52.50 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 |



FLORIDA DEPARTMENT OF STATE

Division of Corporations

September 2, 2020

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

SUBJECT: REMBRANDT ENTERPRISES, INC.

Ref. Number: F04000005199

We have received your document for REMBRANDT ENTERPRISES, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

Please correct the document number and the date of authorization to transact business in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 220A00016856

27:5: -1 Pi; 1:43

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

Rembrandt Enterprises Inc.

| | F04000005199 | |
|------------------|---|--|
| | (Document Number of Corpo | ration (if known) |
| | Ohio 09102004 | |
| | (Incorporated Under Laws of and date authorized to | transact business/conduct its affairs) |
| This convoluntar | reporation is no longer transacting business or conductive rily surrenders its authority to transact business or cor | ting affairs within the State of Florida and hereby |
| This co | orporation revokes the authority of its registered age is the Department of State as its agent for service of pr was authorized to transact business or conduct affairs | ent in Florida to accept service on its behalf and |
| The foll | lowing is a current mailing address for the corporation | ı: |
| | 40 Ambridge Ct | |
| | (Mailing Addre | |
| | | ss) |
| | Springboro, Ohio 45066 | ss) |
| | Springboro , Ohio 45066 (City/ State /Zi | |
| _ | | p) |
| (| poration agrees to notify the Department of State in the | p) ne future of any change in its mailing address. 8-28-2020 |

FILING FEE \$35