

# F05000004438

\_\_\_\_\_  
(Requestor's Name)

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

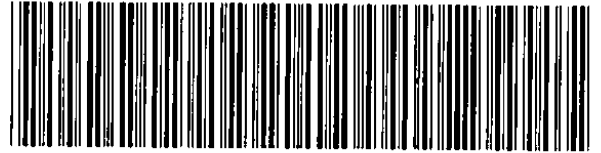
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2023 JUL 31 PM 12:45  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 JUL 31 PM 3:26  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195  
REFERENCE : 9112237 7175508  
AUTHORIZATION : *re: DeLeon*  
COST LIMIT : \$ 35.00

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ORDER DATE : July 31, 2023  
ORDER TIME : 2:20 PM  
ORDER NO. : 911223-005  
CUSTOMER NO: 7175508

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FOREIGN FILINGS

NAME: NICKERSON CORPORATION

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: Alexxis Weiland-sorenson - EXT#

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
NICKERSON CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000004438  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_ GWEN M. BULINGTON  
(Name of Person)  
\_\_\_\_\_ LEVENFELD PEARLSTEIN, LLC  
(Firm/Company)  
\_\_\_\_\_ 120 SOUTH RIVERSIDE PLAZA, SUITE 1800  
(Address)  
\_\_\_\_\_ CHICAGO, ILLINOIS 60606  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ GWEN M. BULINGTON at ( 312 ) \_\_\_\_\_ 476-7708  
(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**

NICKERSON CORPORATION

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

F05000004438

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

NEW YORK 08/01/2005

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

FILED  
2023 JUL 31 PM 12:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

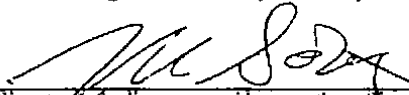
11 MOFFITT BLVD.

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

BAY SHORE, NY 11706

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

July 26, 2023

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

MICHAEL SOLOT

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

MANAGER

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

**FILING FEE \$35**