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DIVISION OF COMMONATIONS

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## **COVER LETTER**

TO: Amendment Section	1
Division of Corporations	Corn
SUBJECT: Winmar Operating	Colb
· ·	Name of Corporation)
DOCUMENT NUMBER: F0600000	Name of Corporation) 01004
The enclosed withdrawal application and fe	
Please return all correspondence concerning the matter to the following:	his
Harold Meriam	
	(Name of Person)
c/o Helmsley Enterpr	ises Inc.
	(Firm/Company)
230 Park Avenue,Sui	te 659
	(Address)
New York, NY 10169	
	y/State and Zip code)
For further information concerning this matter	•
Harold Meriam	at (212)953-2800
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (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	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

Winmar Operating Corp	
(Name of Corporatio	n)
F0600001004	N SECTION OF THE PROPERTY OF T
(Document Number of Corporation	on (if known)
New York	
(Incorporated Under Lav	as of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the company of the	ct affairs in Florida.
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs	cess based on a cause of action arising during
The following is a current mailing address for the corporation:	
c/o Helmsley Enterprises, Inc.23	0 Park Ave, Suite 659
(Mailing Address)	
New York, NY 10169	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
Your & Was Y.P.	02/15/17
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Harold A.Meriam	Vice President
(Typed or printed name of person signing)	(Title of person signing)