

FO6 0000001571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

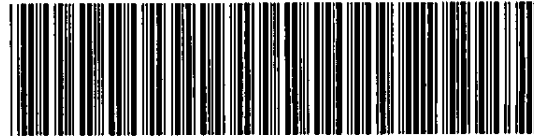
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900285180429

05/02/16--01001--016 \*\*35.00

FILED  
2016 MAY -2 AM 5:23  
ALABAMA SECRETARY OF REVENUE

RECEIVED  
DEPARTMENT OF STATE  
16 MAY -2 PM 12:34

5/3cm

CT

May 2, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re:      Order #: 9985438 SO  
         Customer Reference 1:    None Given  
         Customer Reference 2:    None Given

Dear Department of State, Florida :

Please obtain the following:

Shayman, Salk, Arenson, Sussholz & Company (IL)  
Withdrawal  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHAYMAN, SALK, ARENSON, SUSSHOLZ & COMPANY CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** F06000001571

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

Please return all correspondence concerning this  
matter to the following:

MICHAEL ARENSON

(Name of Person)

SHAYMAN, SALK, ARENSON, SUSSHOLZ & COMPANY CORPORATION

(Firm/Company)

630 DUNDEE #110 B

(Address)

NORTHBROOK, IL 60062

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Kenny

(Name of Person)

at ( 847 ) 564-8333 x 311

(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**

SHAYMAN, SALK, ARENSON, SUSSHOLZ & COMPANY CORPORATION

(Name of Corporation)

F06000001571

(Document Number of Corporation (if known))

IL

(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:

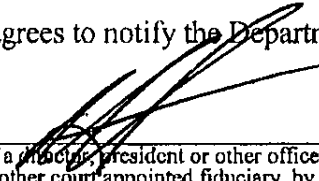
630 DUNDEE # 110

(Mailing Address)

NORTHBROOK, IL 60062

(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)

4/20/16  
(Date)

MICHAEL ARENSON

(Typed or printed name of person signing)

Vice President

(Title of person signing)

**FILING FEE \$35**

FILED  
2016 MAY -2 AM 9:23  
TALLAHASSEE FLORIDA