F06000003205

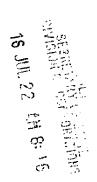
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

ΓO: Amendment Section
Division of Corporations
SUBJECT: DFCI SOLUTIONS, LNC. (Name of Corporation)
DOCUMENT NUMBER: F0600003205
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen Meshover
(Name of Person)
DFCI Solutions, Inc.
(Firm/Company)
425 Union Blvd
(Address)
West ISHP NY 11795
(City/State and Zip code)
For further information concerning this matter, please call:
Olivia Marie at (631) 669-0494 X154
(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 (Additional copy is Enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

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

DFCI Solutions Inc
(Name of Corporation)
F 06 000003205 (Document Number of Corporation (if known)
(Document Number of Corporation (It known)
New York State (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:
425 Union Blvd (Mailing Address)
West ISIP NY 11795 (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) (Date)
Stephen Meshover President (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35