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| (Rec                                    | juestor's Name)   | <del></del>     |
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| PICK-UP                                 | WAIT              | MAIL            |
| (Bus                                    | siness Entity Nam | ne)             |
| (Doc                                    | cument Number)    |                 |
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FLORIDA DEPARTMENT OF STATE

Division of Corporations

July 22, 2015

Maurice Wiener HMGA Inc. 1870 South Bayshore Drive Coconut Grove, FL 33133

SUBJECT: HMGA, INC. Ref. Number: F99000002070

We have received your document for HMGA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There are no provisions in the Florida statutes to file articles of merger for two foreign(out of state) corporations. HMG Advisory Newco Inc mayfile a withdrawal of authority application and withdraw from transacting business in Florida. I have enclosed a withdrawal application for your convenience.

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.

Annette Ramsey Regulatory Specialist II

Letter Number: 515A00015387

## **COVER LETTER**

| TO: Amendment Section  |
|--|
| Division of Corporations   |
| SUBJECT: HMG Advisory Newco Inc. (Name of Corporation)   |
| (Name of Corporation)  |
| DOCUMENT NUMBER: <u>F99 00000 2070</u>   |
| The enclosed withdrawal application and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Marice Wiener  (Name of Person)  |
| (Name of Person)   |
| HMGA, INC. (Firm/Company)  |
| (Firm/Company)   |
| 1870 S. Bayshore Drive<br>(Address)<br>Coconut Grove FL 33133  |
| (Address)  |
| Colonat Grove FC 33133   |
| (City/State and Zip code)  |
| For further information concerning this matter, please call:   |
| CARLOS CAMARETT at 305 854-6803  |
| (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 Certificate of Status & Certified  (Additional copy is Copy (Additional copy is enclosed)   |
| Enclosed)  |
| MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section  |
| Division of Corporations  Division of Corporations   |
| P.O. Box 6327 2661 Executive Center Circle Tallahassec, FL.32314 Tallahassec, FL. 32301  |
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| Requesting for our that the control of the control   |
| Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL.32314  Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301  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

| Mula Advisory Newco IN.  |
|--|
| (Name of Corporation)  |
| F9900002070  |
| (Document Number of Corporation (if known)  Delaware   |
| (Incorporated Under Laws of)   |
| This corporation is no longer transacting business or conducting affairs within the State 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 an 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:  |
| 1870 S. Bayshose Drive   |
| Coconat Grove FL 33133   |
| (Chyr State / Elp)   |
| 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)  |
| (Typed or printed name of person signing)  (Typed or printed name of person signing)  (Typed or printed name of person signing)  |