## F07000006144

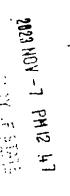
	(Requestor's Name)	
	(Address)	<u> </u>
	(Address)	_
	(City/State/Zip/Phone #)	
·	Cityrotaterzipii-flone #j	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
(	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

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Withdrawal



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A. RAMSEY NOV -8 2023

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724



DATE 11/7/2023	_		₩WALK IN*
ENTITY NAME WOO	DLAND FOODS, LTD.,	INC.	W/1221 21
LIVIII II III II.			
DOCUMENT NUMBER	<u> </u>		
	**PLEASE FILE TH	E ATTACHED AND RETURN**	
xxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
<del></del>	Certified Copy of Arts Certificate of Good Sta		
	**APOSTILLE' / N	OTARIAL CERTIFICATION**	
COUNTRY OF DESTIN	ATTON		
NUMBER OF CERTIFIC	PATES REQUESTED	<u> </u>	<del></del>
TOTAL OWED \$35		ACCOUNT #: 12016000007	<u>-</u> '2
DA ATT	4/ / / /	S 8 FM	
rtease call lina at	the above number for	any issues or concerns. Thank you s	o mucn!

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

WOODLAND FOODS, LTD., INC.	<u>,</u>
(Name of Corporation	
F07000006144	
(Document Number of Corporatio	n (if known)
Illinois, 12/14/2007	
(Incorporated Under Laws of and date authorized to trans	act business/conduct its affairs)
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F.  The following is a current mailing address for the corporation:	n Florida to accept service on its behalf and seed on a cause of action arising during the
3751 SUNSET AVENUE	
(Mailing Address)	
WAUKEGAN, IL 60087 (City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	iture of any change in its mailing address.
/s/ Caitlin Lazarus	11/7/2023
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Caitlin Lazarus	Attorney-in-Fact
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35