## F08000001231

	(Requestor's Name)	
<del></del>	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
_		_
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Sasinoss Erini) Harris,	
	(Document Number)	
	(Bocament Hamber)	
Cartifued Capies	Cortification of	Status
Certified Copies	Certificates of	318105
Special Instructions to	Filing Officer:	
		<u> </u>

Office Use Only



300417581913

Withdrawal



A. RAMSEY OCT 26 2023



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 087342- -5168766

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 24, 2023

ORDER TIME : 8:11 AM

ORDER NO. : 087342-005

CUSTOMER NO: 5168766

-----

## FOREIGN FILINGS

NAME: GREYSTONE IT, INC.

XX CORPORATE
LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJE	Greystone IT, Inc.	
SUBJEV	O1:	(Name of Corporation)
DOCUN	MENT NUMBER: F0800000123	31
The encl	osed withdrawal application a	nd fee are submitted for filing.
Please re	eturn all correspondence concern	ing this matter to the following:
	Gabriella Camilleri	
		(Name of Person)
		(Firm/Company)
	152 West 57th Street, 60th floor	
		(Address)
	New York, NY 10019	
		(City/State and Zip code)
For furth	ner information concerning this n	natter, please call:
		at ()(Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	l is a check for the amount:	
□ \$35 F	iling Fee □ \$43.75 Filing Fee Certificate of Statu	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee.  IS Certified Copy Certificate of Status & Certified  (Additional copy is Enclosed)
A D P	Tailing Address: Amendment Section Division of Corporations CO. Box 6327 Callahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of Corpora	tion)
F08000001231	C12
	ې کن این این این این این این این این این ای
(Document Number of Corpor	ation (ii known)
DE 11/12/04	0. 6
(Incorporated Under Laws of and date authorized to t	ransact business/conduct its affairs)
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of protime it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation 152 West 57th Street, 60th floor	nt in Florida to accept service on its behalf and ocess based on a cause of action arising during the n Florida.
(Mailing Addres	es)
New York, NY 10019	
(City/ State /Zi	0)
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.  10/24/2023 (Date)
receiver or other court appointed tiduciary, by that fiduciary)	
Lisa Schwartz	Vice President & Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**