

F090000002679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

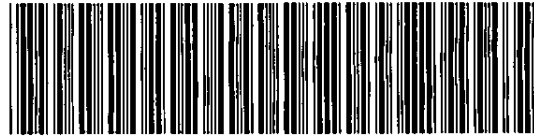
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
13 NOV 12 AM 10:53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV 12 AM 9:33

Withdrawal  
@ 11/13/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 878486 7381795

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : November 8, 2013

ORDER TIME : 2:33 PM

ORDER NO. : 878486-015

CUSTOMER NO: 7381795

FOREIGN FILINGS

NAME: THE WESTWOOD WELLINGTON  
RESTAURANT, 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: Susie Knight - EXT# 52956

EXAMINER:

*Ca*

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

\_\_\_\_\_  
The Westwood Wellington Restaurant, Inc.  
(Name of Corporation)

\_\_\_\_\_  
F09000002679  
(Document Number of Corporation (if known))

\_\_\_\_\_  
Delaware  
(Incorporated Under Laws of)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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:

\_\_\_\_\_  
287 Commonwealth Ave, Unit 3  
(Mailing Address)

\_\_\_\_\_  
Boston, MA 02115  
(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)

\_\_\_\_\_  
10/16/13  
(Date)

\_\_\_\_\_  
Ann Marie LaPorteria  
(Typed or printed name of person signing)

\_\_\_\_\_  
VP  
(Title of person signing)

**FILING FEE \$35**