F10 000 000 993

| (Requestor's Name) | _ |
|---|---|
| (Address) | |
| | |
| (Address) | |
| • | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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R. WHITE A?R 18 2019

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|------------------------------------|--|
| SUBJECT: <u>ELECTRONICS</u> | ENTEGRATIO (Name of Corporation | N TECHNOLOGY, INC |
| DOCUMENT NUMBER: Floodo | 000993 | |
| The enclosed withdrawal application and fe | e are submitted for fi | ling. |
| Please return all correspondence concerning t matter to the following: | his | |
| ARON LEVY | | |
| , | (Name of Person) | |
| ELECTRONICS INTE | FGRATION TO (Firm/Company) | ECHNOLOGY, INC. |
| 10 ENDUSTRIAL WAY | EAST (Address) | |
| EATON TOWN, A | / 7 077 ty/State and Zip code | 24 |
| For further information concerning this matte | r, please call: | |
| NAYERA NEVINS (Name of Person) | at (<u>732</u>)_ | 542-2292 |
| (Name of Person) Enclosed is a check for the amount: | (Area Cod | e & Daytime Telephone Number) |
| \$35 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status | Certified Copy | \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314 | | STREET ADDRESS: 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

ELECTRONICS INTEGRATION TECHNOLOGY, INC. (Name of Corporation)

| F1 000000 993 (Document Number of Corporation (if known) |
|---|
| (Document Number of Corporation (if known) |
| |
| NEW JERSEY (Incorporated Under Laws of) |
| /(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: |
| 10 INDUSTRIAL WAY EAST (Mailing Address) |
| EATONTOWN, NT 07724 (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 fiductors, by that fiducions.) |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiductary, by that fiduciary) 4 / 10 / 20 / 9 |
| receiver or other court appointed fiductary, by that fiduciary) |
| (Typed or printed name of person signing) (Title of person signing) |

FILING FEE \$35