

F120000003717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

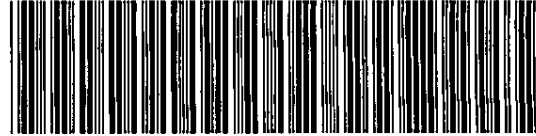
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/15--01018--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 23 AM 8:31

Withdrawal
@ 4-24-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NCO STAFFING INC
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER POKIT
(Name of Person)

NCO STAFFING INC
(Firm/Company)

405 NORTH BARRY AVE
(Address)

MAMARONECK, NY 10543
(City/State and Zip code)

For further information concerning this matter, please call:

Christopher Pokit at (846) 723-7355
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

paid
E
kept

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2015

NCO STAFFING INC. 2ND MAILING
405 NORTH BARRY AVE
MAMORONECK, NY 10543

SUBJECT: NCO STAFFING INC.
Ref. Number: F12000003717

We have received your document for NCO STAFFING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00004143

RECEIVED

15 APR 23 PM 12:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

POLOBIZE. WE DID NOT

THE NEW ADDRESS

A 35 CHECK WAS KEPT &
NOT RETURNED SO NOT
INCLUDING NEW CHECK

www.sunbiz.org

Division of Corporations - P.O. BOX 6327, Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2015

NCO STAFFING INC.
708 3RD AVE 5TH FL
NEW YORK, NY 10021

SUBJECT: NCO STAFFING INC.
Ref. Number: F12000003717

405 North Bamy
Ave.
Mamoneck, NY
10543

We have received your document for NCO STAFFING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton
Regulatory Specialist II

Letter Number: 415A00004143

REC-115
FEB 19 AM 11:00
DIVISION OF CORPORATIONS
TALLAHASSEE

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

NCO STAFFING INC

(Name of Corporation)

F120000003717

(Document Number of Corporation (if known))

NY

(Incorporated Under Laws of)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
2015 APR 23 AM 8:31

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:

425 NORTH BARRY AVE

(Mailing Address)

MAMARONCK, NY 10543

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

CR
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4/11/15
(Date)

CHRISTOPHER PUKIT
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE \$35