

F13000002869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

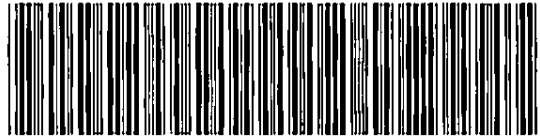
(Business Entity Name)

(Document Number)

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2022 FEB 17 AM 9:10

2022 FEB 17 PM 3:46

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RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 417443 8084636

AUTHORIZATION :

COST LIMIT :

*Spudde*  
\$ 35.00

ORDER DATE : January 19, 2022

ORDER TIME : 2:41 PM

ORDER NO. : 417443-055

CUSTOMER NO: 8084636

FOREIGN FILINGS

NAME: 2053484 ONTARIO 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 - EXT#

EXAMINER: \_\_\_\_\_

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

2053484 ONTARIO INC.

\_\_\_\_\_  
(Name of Corporation)

F13000002869

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

ONTARIO, CANADA JUNE 28, 2013

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

750 HOPKINS STREET

\_\_\_\_\_  
(Mailing Address)

WHITBY, ONTARIO, L1N 2B9, CANADA

\_\_\_\_\_  
(City/ State /Zip)

RECEIVED  
FEB 17 4 15 10

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)

DARLENE MCLEAN

\_\_\_\_\_  
(Typed or printed name of person signing)

FEBRUARY 16, 2022

\_\_\_\_\_  
(Date)

SECRETARY

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

**FILING FEE \$35**