(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(0	ocument Number)	
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700368019787

2021 JUN 10 PH 12: 59

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 851678 7116721

AUTHORIZATION :,

COST LIMIT

ORDER DATE : June 10, 2021

ORDER TIME : 9:30 AM

ORDER NO. : 851678-030

CUSTOMER NO: 7116721

FOREIGN FILINGS

NAME: SYSTEMAX GLOBAL SOLUTIONS,

INC.

XX____CORPORATE
____LIMITED PARTNERSHIP
____LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

	COVER LETTER
TO: Amendment Section Division of Corporations	
SUBJECT: SGS MM	wawai
	(Name of Corporation)
TO: Amendment Section Division of Corporations SUBJECT: SGS WHYWWW (Name of Corporation) DOCUMENT NUMBER: FI DOOD 0 14 D The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas Axmacher (Name of Person) Systemax Inc. (Firm/Company) 11 Harbor Park Drive (Address) Port Washington, NY 11050 (City/State and Zip code) For further information concerning this matter, please call: Thomas Axmacher (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount: S35 Filing Fee Status Status Status Certified Copy (Additional copy is Enclosed) Mailting Address: Amendment Section Antendment Section	
The enclosed withdrawal application	and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Thomas Axmacher	
	(Name of Person)
Systemax Inc.	
	(Firm/Company)
11 Harbor Park Drive	
	(Address)
Port Washington, NY 11050	
	(City/State and Zip code)
For further information concerning this	matter, please call:
Thomas Axmacher	at (516) 6083655
(Name of Person)	
Enclosed is a check for the amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of Sta	tus Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)

The Centre of Tallahassee

P.O. Box 6327

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

Systemax Global Solutions, Inc.				
(Name of Corporation	on)			-
F1400000740				
(Document Number of Corporat	ion (if known)		_	-
New York 2/20/14				
(Incorporated Under Laws of and date authorized to tra	nsact business/condu	ict its affairs)		_
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procedure it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation:	ict affairs in Florid in Florida to access based on a cau	da.	on its h	obalf an
11 Harbor Park Drive				
(Mailing Address)				•
Port Washington, NY 11050			[Gr]	
(City/ State /Zip)	<u></u>	! -	,	,
The corporation agrees to notify the Department of State in the f	uture of any chan	ge in its mai	ing add	ress.
(Signature of a director, president or other officer - if in the hands of a	5/26/21		<u>=</u>	
receiver or other court appointed fiduciary, by that fiduciary)		(Date)	_	
Thomas Axmacher	Treasurer			
(Typed or printed name of person signing)	(T)	tle of person sign	ning)	

FILING FEE \$35