F1500001102

(F	Requestor's Name)
	Address)
(/-	(44) (433)
——————————————————————————————————————	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
_	
	Business Entity Name)
(D	Ocument Number)
Condition Chains	Cardification of Status
Centilled Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
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Office Use Only



400422275264

Withdrawal



PARA JAM 23 PH 2:58

A. RAMSEY

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

R	E	0	U	ES	ŢΙ	DA	TE	1 1	U.	23	/20	24

PRIORITY | Regular Approval

OUR REF # (Order ID#) 1224325

ORDER ENTITY

NUTRONICS LABS LIMITED CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:	
NUTRONICS LABS LIMITED CORP. (FL)	

File the attached withdrawal document

NOTES:	_	_		 .			_			 	

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, January 23, 2024 Page 1 of 1

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NUTRONICS LABS LIMITED C	ORP
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: F15000001102	
The enclosed withdrawal application and	I fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
JOEL MARCUS	
	(Name of Person)
	(Firm/Company)
676 W PROSPECT ROAD	
	(Address)
FORT LAUDERDALE, FL 33309	
(City/State and Zip code)
For further information concerning this ma	utter, please call:
MARIA AYERBE	at () 566-8513
(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	2 □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) □ \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

NUTRONICS LABS LIMITED CORP.	
(Name of Corpo	ration)
F15000001102	2
(Document Number of Corp	oration (if known)
03/16/2015 NEW ZEALAND	
(Incorporated Under Laws of and date authorized to	o transact business/conduct its affairs)
This corporation revokes the authority of its registered as appoints the Department of State as its agent for service of I time it was authorized to transact business or conduct affair. The following is a current mailing address for the corporation of the Cor	process based on a cause of action arising during the s in Florida.
(Mailing Add	rect
(Mating Aud	10381
FT, LAUDERDALE, FL 33309	
(City/ State /	Zip)
The corporation agrees to notify the Department of State in	the future of any change in its mailing address.
Maria Augato.	01/22/24
(Signature of a director, resident or other officer - if in the hands of a receiver or other countappointed fiduciary, by that fiduciary)	(Date)
MARIA AYERBE	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35