

F15000001299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

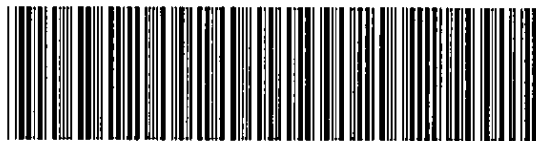
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500320644825

11/13/18--01041--004 **52.50

FILED
2018 DEC -4 AM 8:54
SEC. OF STATE
TALLAHASSEE, FLORIDA

Withdrawal
CC/CUS

DEC 05 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **LORNE WEIL INC**

(Name of Corporation)

DOCUMENT NUMBER: **F15000001299**

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

Please return all correspondence concerning this
matter to the following:

SOL ZIGMAN CPA

(Name of Person)

ZIGMAN, LEVINE & FISCHGRUND CPAs PC

(Firm/Company)

200 GARDEN CITY PLZ-STE 202

(Address)

GARDEN CITY, NY 11530-3338

(City/State and Zip code)

For further information concerning this matter, please call:

SOL ZIGMAN

(Name of Person)

at (**516**) **747-6000**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2018

SOL ZIGMAN, CPA
ZIGMAN LEVINE & FISCHGRUND CPAS PC
200 GARDEN CITY PLAZA - STE. 202
GARDEN CITY, NY 11530

SUBJECT: LORNE WEIL INC
Ref. Number: F15000001299

We have received your document for LORNE WEIL INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

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: 918A00023556

RECEIVED
2018 DEC -4 PM 10:56
SECRETARY OF STATE
TALLAHASSEE, FL

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

LORNE WEIL INC

(Name of Corporation)

F15000001299

(Document Number of Corporation (if known))

NEW YORK

(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:

200 GARDEN CITY PLZ-STE 202

(Mailing Address)

GARDEN CITY, NY 11530-3338

(City/ State /Zip)

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

A. Lorne Weil

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

11/27/2018

(Date)

A. LORNE WEIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35