

Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit = number (shown below) on the top and bottom of all pages of the document.

(((H19000011320 3)))



H190000113203ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number : (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

DISSOLUTION OR WITHDRAWAL THE DUKE-MALAVENDA GROUP, INC.



| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 : 2019 C MCNAIR



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

| THE DUKE-MALAVENDA GROUP, INC. | |
|--------------------------------------------|-------------|
| (Name of Corporation) | DIS JAN |
| F1600000483 | AS AS |
| (Document Number of Corporation (if known) | SE PR |
| New York | 12 S. T. S. |
| (Incorporated Under Laws of) | ကြားက ပို |

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:

| 1020 HIAWATHA BLVD. WEST |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Mailing Address) |
| SYRACUSE, NY 13204 |
| (Ĉity/ State /Zip) |
| 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) (Date) |
| (Typed or printed name of person signing) Typed or printed name of person signing) (Title of person signing) |

FILING FEE \$35