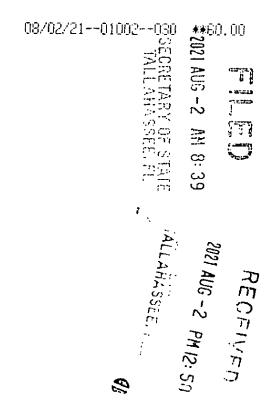
## F160000000960

(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:				





300369723103



## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

## **WALK IN**

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	WITHDRAWAL
	MAFCOTE, INC. CORPORATE NAME AND DOCUM	1ENT #)
(	CORPORATE NAME AND DOCUM	1ENT #)
(	CORPORATE NAME AND DOCUM	IENT #)
(1	CORPORATE NAME AND DOCUM	IENT #)
<u></u>	CORPORATE NAME AND DOCUM	IENT #)
<del></del>	CORPORATE NAME AND DOCUM	HENT #)

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

MAFCOTE, INC.

(Name of Corporation)	
F16000000960	
(Document Number of Corporation (if known)	<del></del>
Incorporated in Delaware on 7/30/1985 & Authorized to Conduct Business in Floric	ia on 03/01/2016
(Incorporated Under Laws of and date authorized to transact business/conduc	ct its affairs)
This corporation is no longer transacting business or conducting affairs within the voluntarily surrenders its authority to transact business or conduct affairs in Florid	e State of Florida and hereby la.
This corporation revokes the authority of its registered agent in Florida to accumpoints the Department of State as its agent for service of process based on a causime it was authorized to transact business or conduct affairs in Florida.	se of action arising during the
The following is a current mailing address for the corporation:	F IL. 2021 AUG -2 SECRETARY TALLAHA
(Mailing Address)	. /
NORWALK, CT 06851	AH 8: 3
(City/ State /Zip)	771 00
The corporation agrees to notify the Department of State in the future of any change the corporation agrees to notify the Department of State in the future of any change the corporation of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that tiduciary)	ge in its mailing address.    36   21   (Date)
Steven E. Gilliland CFO  (Typed or printed name of person signing)  (Ti	tle of person signing)

FILING FEE \$35