F17000000551

(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:
J. HORNE NOV 20 2024

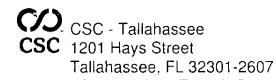




000438042690







850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 11/19/24 Order #: 1690633-1

Re: Woyshner Services, Co. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	nendment Section vision of Corporations	
SUBJECT	Woyshner Services Co.	
		(Name of Corporation)
DOCUMI	ENT NUMBER: F17000000551	
The enclos	sed withdrawal application an	d fee are submitted for filing.
Please retu	ırn all correspondence concerni	ng this matter to the following:
V	Villiam Woyshner	
		(Name of Person)
_		(Firm/Company)
2	172 4th Ave N	
_		(Address)
7	Гіетта Verde, FL 33715	
-		(City/State and Zip code)
For furthe	r information concerning this m	atter, please call:
William Wo	pyshner	610 909-3948 at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed i	is a check for the amount:	
□ \$35 Fil	ing Fee 🔲 \$43.75 Filing Fee & Certificate of Statu	& \$\sumset\$ \$\\$\\$43.75 \text{ Filing Fee & } \$\\$\\$\$\$ \$\\$\\$\$\$ \$\\$\$\$ \$\\$\$\$ \$\\$\$\$ Certificate of Status & Certificate of
Ar Di P.(niling Address: mendment Section vision of Corporations D. Box 6327 Illahassee, 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

	Woyshner Services Co.
	Woyshner Services Co. (Name of Corporation) F17000000551 (Document Number of Corporation (if known)
	F17000000551
	(Document Number of Corporation (if known)
	6
	Feb 6, 2017
	(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
This cor appoints time it v	reporation is no longer transacting business or conducting affairs within the State of Florida and hereby rily surrenders its authority to transact business or conduct affairs in Florida. reporation revokes the authority of its registered agent in Florida to accept service on its behalf and is the Department of State as its agent for service of process based on a cause of action arising during the was authorized to transact business or conduct affairs in Florida. owing is a current mailing address for the corporation:
	email: bill.woyshner@wscinc.biz, lynn@wscinc.biz
	(Mailing Address)
	(City/ State /Zip)
	poration agrees to notify the Department of State in the future of any change in its mailing address. William Woyshver President of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) William Woyshver President of person signing) Clittle of person signing)

FILING FEE \$35