

FN000003257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500383724675

2022 MAR 29 PM 3:41

2022 MAR 29 PM 3:41



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ORIGINAL FILE DATE  
03/29/2022

March 30, 2022

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: HORNBY ZELLER ASSOCIATES, INC.  
Ref. Number: F17000003257

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

Please provide the date the entity was authorized to transact business in the state of 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.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 822A00007427

2022 MAY 30 PM 3:34

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 578438 8128542

AUTHORIZATION : 

COST LIMIT : \$ 35.00

-----  
ORDER DATE : March 29, 2022

ORDER TIME : 1:49 PM

ORDER NO. : 578438-020

CUSTOMER NO: 8128542  
-----

FOREIGN FILINGS

NAME: HORNBY ZELLER ASSOCIATES, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HORNBY ZELLER ASSOCIATES, INC.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F17000003257

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

Please return all correspondence concerning this matter to the following:

Veneta Andreev

\_\_\_\_\_  
(Name of Person)

PUBLIC CONSULTING GROUP LLC

\_\_\_\_\_  
(Firm/Company)

4 SUMMER STREET

\_\_\_\_\_  
(Address)

WINCHESTER, MA 01890

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

VENETA ANDREEV

at ( 617 ) 717-1272

\_\_\_\_\_  
(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    ☐ \$43.75 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**

HORNBY ZELLER ASSOCIATES, INC.

\_\_\_\_\_  
(Name of Corporation)

F1700003257

\_\_\_\_\_  
(Document Number of Corporation (if known))

NEW YORK 07/19/2017

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

148 STATE STREET 10TH FL

\_\_\_\_\_  
(Mailing Address)

BOSTON, MA 01209

\_\_\_\_\_  
(City/ State /Zip)

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

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

DANIEL HEANEY

\_\_\_\_\_  
(Typed or printed name of person signing)

3/28/2022

\_\_\_\_\_  
(Date)

TREASURER

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**