(Requestor's Name)
(Heggestor 5 Herrie)
(Aridress)
,
(Address)
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(City/State/Zip/Phone #)
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P'CK- JP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 726417 7961288
AUTHORIZATION Symbolic man
COST LIMIT : \$\frac{1}{5}\frac{3}{5}.00
ORDER DATE: March 22, 2021
ORDER TIME : 11:36 AM
ORDER NO. : 726417-020
CUSTOMER NO: 7961288
FOREIGN FILINGS NAME: 11:FS AMERICAS INC.
CORPORATE LIMITED PARTNERSHIP XXX 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
SUBJ	FCT: 11FS Americas Inc
30100	(Name of Corporation)
DOCU	JMENT NUMBER:
The er	closed withdrawal application and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jennifer Popper
,	(Name of Person)
	11FS Americas Inc.
	(Firm/Company)
	One Boston Place, Suite 2600
	(Address)
	Boston, MA 02108
	(City/State and Zip code)
For fu	ther information concerning this matter, please call:
Jennife	r Popper at () 997-2002
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the amount:
	Filing Fee \$\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee,}\\ Certificate of Status & Certified Copy \\ (Additional copy is \\ Enclosed)\$\$ Copy (Additional copy is enclosed)
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

11:FS Americas, Inc.

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

(Name of Corporation)

		(B		_
		(Document Number of Corp	oration (if known)	
Delawa	re 03/30/2018			
	Incorporated Under	Laws of and date authorized to	transact business/conduct its affairs)	_
		nsacting business or condu y to transact business or co	cting affairs within the State of Florida anduct affairs in Florida.	ınd here
ippoints the Dep	partment of State	·	ent in Florida to accept service on its brocess based on a cause of action arising in Florida.	
he following is	a current mailing	g address for the corporation	n·	
		,	•••	
One Bo	ston Place, Suite 260	,	•••	
One Box	ston Place. Suite 260	,		_
	ston Place. Suite 260	00	occ)	-
		00	ess)	-
		00 (Mailing Addr	ess)	- - - -
Boston,	MA 02108	(City/ State /Z	ess)	dress.
Boston,	MA 02108 agrees to notify t	(City/ State /Z	ip)	dress.
Boston, The corporation Docusigned by Avid Marid Mar	MA 02108 agrees to notify the standard Break Break Grant Break Grant Gr	(City/ State /Z	ip) (A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	dress.
Boston, The corporation Docusigned by Avid Marketon	MA 02108 agrees to notify the second	(City/ State /z	he future of any change in its mailing add	dress.

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