

F1900000 3444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

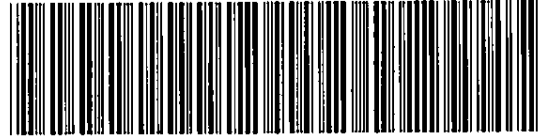
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115 N CALHOUN ST., STE. 4  
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P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 1200000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 02/12/2025

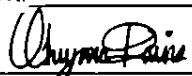
Name: Cheyenne Davis

Reference #: 2652864

Entity Name: MWC RETAIL MANAGER (F-EAST), INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: 

📍 **CORPORATE HQ**  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

📍 **EUROPEAN HQ**  
COGENCY GLOBAL (UK) LIMITED  
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Account#: 1200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 02/12/2025

Name: Cheyenne Davis

Reference #: 2652864

Entity Name: MWC RETAIL MANAGER (F-EAST), INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
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- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: *Patrice*

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10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MWC Retail Manager (F-EAST), INC.

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

**DOCUMENT NUMBER:** F19000003444

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

Please return all correspondence concerning this matter to the following:

Erica Navarro

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

c/o Greenberg Traurig, LLP

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

77 W. Wacker Drive, Ste 3100

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

Chicago, IL 60601

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

For further information concerning this matter, please call:

Erica Navarro

at ( 312 ) 978-7395

\_\_\_\_\_  
(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**

MWC Retail Manager (F-EAST), INC.

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

F19000003444

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

Delaware

\_\_\_\_\_  
(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:

ONE TOWN CENTER, STE. 600

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

BOCA RATON, FL 33486

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

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

/s/ Nitin Motwani

\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2/6/2025

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

NITIN MOTWANI

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

VP, Secretary and Director

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

**FILING FEE \$35**

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