F2000000439

(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:			

Office Use Only



000345607300

2020 JUN -9 MM 7: 43

90 12 6- Ann bear

JUN 23 2020



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 10, 2020

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: GILLMAN CONSULTING, INC.

Ref. Number: F20000000439

We have received your document for GILLMAN CONSULTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new form requires the date which entity was authorized to transact buisness/conduct its affairs.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor Letter Number: 220A00011397

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

FILE 1ST
RESUBMIT

ACCOUNT NO. : I2000000195

REFERENCE : 315146 7350556

AUTHORIZATION : STEWER MON

COST LIMIT : \$35.00

ORDER DATE: June 9, 2020

ORDER TIME : 11:38 AM

ORDER NO. : 315146-005

CUSTOMER NO: 7350556

FOREIGN FILINGS

NAME: GILLMAN CONSULTING, 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: Kadesha Roberson - EXT#

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	GILLMAN CONSULTING, INC.	
0024		(Name of Corporation)
DOC	UMENT NUMBER: F20000000439	
The e	nclosed withdrawal application and	fee are submitted for filing.
Please	e return all correspondence concerning	g this matter to the following:
	Thomas T. Coon, Jr., Esq.	
		(Name of Person)
	Law Offices of Thomas T. Coon, Jr., Esc	} .
		(Finn/Company)
	888 S. Andrews Avenue, Suite 204	
		(Address)
	Fort Lauderdale, FL 33316	
	((City/State and Zip code)
For fu	rther information concerning this mat	tter, olease call:
Thomas T. Coon, Jr., Esq.		at (
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check for the amount:	
≘ \$3:		☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) 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 Tullahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2020 JUN - 9 Air 7: 43

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

GILLMAN CONSULTING, INC.

(Name of Corporation)		
F20000000439		
(Document Number of Cor	poration (if known)	
New York ; 11/13/12		
(Incorporated Under Laws of and date authorized	to transact business/conduct its affairs)	
This corporation is no longer transacting business or cond voluntarily surrenders its authority to transact business or c		
This corporation revokes the authority of its registered a appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affair	process based on a cause of action arising during the	
The following is a current mailing address for the corporati	ion:	
40 Worth Street, Suite 600		
(Mailing Add	iress)	
New York, NY 10013		
(City/ State)	(Zip)	
The corporation agrees to notify the Department of State in	the future of any change in its mailing address.	
(Signate of a director, president of other orficer - if in the hards of a receiver or other court appareted fidureary, by that fiduciesy)	(Date)	
Laurence Gillman	President	
(Typed or printed name of person ligating)	(Title of person signing)	

FILING FEE \$35