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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SELPANASSEE, FLORIDA



Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/10/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1260833

ORDER ENTITY

1135 BRONX RIVER AVE. CORP.

PLEASE PERFORM THE FOLLOWING SERVICES: 1135 BRONX RIVER AVE. CORP. (FL)

File the attached withdrawal document and provide a certified copy.

NOTES:

\$43.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956.

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, June 10, 2024 Page 1 of 1

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

(Name of Corporation)

1135 BRONX RIVER AVE. CORP.

	(Document Number of Corporation (if known)				
	New York, 03/24/2020				
	(Incorporated Under Laws of and date authorized to tran	sact business/conduct its a	effairs)		
	corporation is no longer transacting business or conducting tarily surrenders its authority to transact business or conducting		te of Florida	a and hereby	
appoir	corporation revokes the authority of its registered agent thats the Department of State as its agent for service of process t was authorized to transact business or conduct affairs in F	ess based on a cause of			
The fo	ollowing is a current mailing address for the corporation:		71AI	2	
	2436 North Federal Hwy, #181		LAHAS		
	(Mailing Address)		SEE NY		
	Lighthouse Point, FL 33064			لسسا	
	(City/ State /Zip)		DRIDA DRIDA		
The co	orporation agrees to notify the Department of State in the f	uture of any change in	its mailing a	address.	
۷	Marh Dis he	February <u>9</u> , 2024			
	(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(D.	ate)	· 	
	Mark Fischler	President			
	(Typed or printed name of person signing)	(Title of p	ttle of person signing)		