<u></u>	(Requestor's Name)			
(Address)				
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PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Humber)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				
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**NAME**: ATLANTIX CARE ADT HOLDINGS. INC

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# **COVER LETTER**

	Amendment Section Division of Corporations	
SHRIF	ECT: Atlantix Care ADT Holdings, Inc.	
SUBJE		(Name of Corporation)
DOCU	JMENT NUMBER: F20000003229	
The end	closed withdrawal application and fe	ee are submitted for filing.
Please i	return all correspondence concerning t	this matter to the following:
	Clifford Esher	
	<del></del>	(Name of Person)
	Polsinelli PC	
		(Firm/Company)
	One International Place. Suite 3900	
		(Address)
	Boston, MA 02110	
	(Cit	ty/State and Zip code)
For furt	ther information concerning this matte	r. please call:
Clifford Esher		at ( 406-0338
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclose	ed is a check for the amount:	
		■ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (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

Atlantix Care ADT Holdings, Inc.	
(Name of Corporation)	
F20000001330	
F20000003229	
(Document Number of Corporation	n (if known)
Delaware - July 24, 2020	n (if known)
(Incorporated Under Laws of and date authorized to transa	act business/conduct its affairs)
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proces time it was authorized to transact business or conduct affairs in Fl The following is a current mailing address for the corporation:	s based on a cause of action arising during the
1201 Cedar Street, Suite C	
(Mailing Address)	
Safety Harbor, FL 34695	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fur  (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ture of any change in its mailing address.  1/17/2023  (Date)
Luis Fernandez	President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**