

F20000003626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

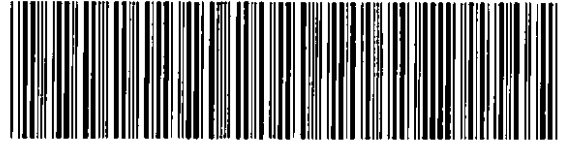
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700415025797

Withdrawal

RECEIVED  
2023 OCT 16 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2023 OCT 16 AM 10:13  
CLERK OF COURT  
J. B. RAY

A. RAMSEY

OCT 17 2023



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 10/16/23  
Order #: 1291190-2  
Re: Alacer Corp.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:  
Application for Certificate of Withdrawal

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over a faint, circular official stamp.

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
120000000195

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alacer Corp.

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

**DOCUMENT NUMBER:** F20000003626

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

Please return all correspondence concerning this matter to the following:

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

Haleon

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

184 Liberty Corner Road

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

Warren, NJ 07059

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

For further information concerning this matter, please call:

\_\_\_\_\_ at ( \_\_\_\_\_ )

(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**

Alacer Corp.

(Name of Corporation)

F20000003626

(Document Number of Corporation (if known))

California 08/19/2020

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED  
2023 OCT 16 AM 10:13  
CLERK OF THE COURT  
HALL OF JUSTICE  
TALLAHASSEE, FLORIDA

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:

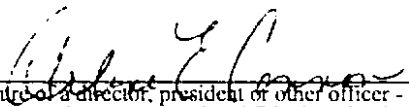
184 Liberty Corner Road, Suite 200

(Mailing Address)

Warren, NJ 07059

(City/ State /Zip)

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

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

3 October 2023

(Date)

Arlene E Cannon

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**FILING FEE \$35**