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COVER LETTER

CO VENTER LES
TO: Amendment Section Division of Corporations
SUBJECT: Not (95 to 1964) (OF- (Name of Corporation)
DOCUMENT NUMBER: F220000 0 2651
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Qame of Person)
ny molorars of tragon (OIP
(Firm/Company)
(Address)
FLOODET NY 11520
(City/State and Zip code)
For further information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)
Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Division of Corporations

P.O. Box 6327

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

(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:
The following is a current mailing address for the corporation: H. S. W. S. W. L.
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director, president of other officer - if in the hands of a receiver or other dum appointed fiduciary, by that fiduciary) (Date)
SAFER Johnson (Typerfor printed name of person signing) (Typerfor printed name of person signing) (Title of person signing)

FILING FEE \$35