F23000002342

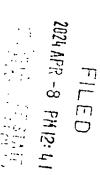
(Reques	tor's Name)	
(Address	s)	
(Address	\$)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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J. HORNE		
APR 2 4 2024		

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Withdrawal of foreign corporation	ı from Florida
	(Name of Corporation)
DOCUMENT NUMBER: F23000002242	
The enclosed withdrawal application an	d fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Sigita Vaitkeviciene	
	(Name of Person)
Studio19fourteen, INC	
	(Firm/Company)
6330 Hathaway LN	
	(Address)
Downers Grove, IL 60516	
	(City/State and Zip code)
For further information concerning this m	natter, please call:
Sigita Vaitkeviciene	at (239 571-2055
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Statu	& ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Solution of Status & Certified Copy (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 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

Studio19fouteen, INC
(Name of Corporation)
F23000002242
(Document Number of Corporation (if known)
(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 columns its new to transact business are conducted for its property to transact business.
(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 an 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:
10178 Sweetgrass Circle Apt 108
(Mailing Address)
Naples, FL 34104
(City/ State /Zip)
\cdot
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 receive or other court appointed fiduciary, by that fiduciary) 4-1-2024 (Date)
Sigita Vaitkeviciene fresident (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35

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

• • • •

Studio19fouteen, INC	
(Name of Corporation)	
F23000002242	
(Document Number of Corporation	n (if known)
Illinois	THE PROPERTY OF THE PROPERTY O
(Incorporated Under Laws of and date authorized to transc	act business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	arians within the state of Fronta and Referry
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Fl	s based on a cause of action arising during the
The following is a current mailing address for the corporation:	
10178 Sweetgrass Circle Apt 108	
(Mailing Address)	
Naples, FL 34104	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	4-1-2024 (Date)
Sigita Vaitkeliciene (Typed or printed name of person signing)	fresident (Title of person signing)

FILING FEE \$35