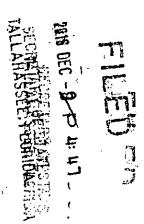
## P300001828

(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:					
(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:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)				
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Certified Copies Certificates of Status	(Business Entity Name)				
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DEC 0 5 2016 T. LEMIEUX TU.

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 388794 4807684

AUTHORIZATION :

COST LIMIT : \$./35\_..00

ORDER DATE : December 2, 2016

ORDER TIME : 12:58 PM

ORDER NO. : 388794-010

CUSTOMER NO: 4807684

## FOREIGN FILINGS

NAME: NATIONAL DISTRIBUTION CENTERS

OF DELAWARE, INC

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJE	NATIONAL DISTRIBUTION CE	NTERS OF DELAWARE,	INC	
30031	501.	(Name of Corporation	1)	
DOCU	MENT NUMBER:			
The en	closed withdrawal application and	fee are submitted for fi	ling.	
	return all correspondence concerning to the following:	g this		
	STEPHEN DOLCHANCZYK			
		(Name of Person)		
	NFI INDUSTRIES			
		(Firm/Company)		
	1515 BURNT MILL ROAD			
	(Address)			
	CHERRY HILL, NJ 08003			
	((	City/State and Zip code	)	
For fur	ther information concerning this ma	tter, please call:		
STEPH	IEN DOLCHANCZYK	at ( <u>856</u> )	70-5011	
Enclose	(Name of Person) ed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)	
\$35	Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

(Name of Corporation)

NATIONAL DISTRIBUTION CENTERS OF DELAWARE, INC

(Document Number of Corporation	on (if known)
DELAWARE	
(Incorporated Under Lav	ws of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting to the conducting to transact business or conducting to the conductin	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs	ocess based on a cause of action arising during
The following is a current mailing address for the corporation:	
1515 BURNT MILL ROAD	
(Mailing Address)	*****
CHERRY HILL, NJ 08003	
(City/ State /Zip)	DEC TO
The corporation agrees to notify the Department of State in the f	future of any change in its mailing authors.
(Signature of addirecture president or other afficer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	11/2/14 =
STEPHEN DOLCHANCZYK	TAX DIRECTOR
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35