Thomas F. Ha	nley 8	k Co	P.C.
Certified Public A	ccount	ants .	

15 Frederick Place Hicksville, New York 11801

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	(Corporation Name)	(Document #)
_	(Corporation Name)	(Document #)
	(Corporation Name)	(Document #)
	(Corporation Name)	(Document #)

Ц	Walk	in	
---	------	----	--

Pick up time _

Certified Copy

Mail out

☐ Will wait

Photocopy

Certificate of S

NEW FILINGS

Profit NonProfit **Limited Liability Domestication**

AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent

Dissolution/Withdrawal

Merger

300002320283--8 -10/14/97--01075--002 *****35.00 *****35.00

OTHER FILINGS

Annual Report Fictitious Name

Other

Name Reservation

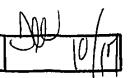
REGISTRATION/ QUALIFICATION

Foreign Limited Partnership

Reinstatement Trademark

Other

Examiner's Initials



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

	THOMAS F. HANLEY & CO.,	
	(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
	NEW YORK STATE	
	(Incorporated Under Laws	Of)
his corp nd here	poration is no longer transacting business or conductory to transact by voluntarily surrenders its authority to transact	octing affairs within the State of Florida business or conduct affairs in Florida
ehalf an	rporation revokes the authority of its registered and appoints the Department of State as its agent for rising during the time it was authorized to transact	service of process based on a cause of
he folk	lowing is a current mailing address to which the I cess against this corporation that may be served or	Department of State may mail a copy of the Department.
	15 Frederick Place	
	15 Frederick Place (Mailing Address)	
	(Mailing Address)	
	(Mailing Address) Hicksville, NY 11801 (City/ State /Zip) poration agrees to notify the Department of State	n the future of any change in its mailing
	(Mailing Address) Hicksville, NY 11801 (City/ State /Zip) poration agrees to notify the Department of State	n the future of any change in its mailing
	(Mailing Address) Hicksville, NY 11801 (City/ State /Zip) poration agrees to notify the Department of State	
The corpaddress.	(Mailing Address) Hicksville, NY 11801 (City/ State /Zip) poration agrees to notify the Department of State	President