

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL FLORIDA PSION CORPORATION

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Florida Psion Corporation
(Name of Corporation)
DOCUMENT NUMBER: F9700004436
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathleen M. Amato
(Name of Person)
Motorola Solutions, Inc.
(Firm/Company)
1303 E. Algonquin Road
(Address)
Schaumburg, IL 60196
(City/State and Zip code)
For further information concerning this matter, please call:
Kathleen M. Amato at (847) 538-2878
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:
\$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) \$43.75 Filing Fee & \$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 2661 Executive Center Circle Tallahassee, FL.32314 Tallahassee, FL. 32301

FILED

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TALLAHASSEE, FLORIDA

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

Florida Psion Corporation	n
(Name of Corporati	on)
F97000004436	
(Document Number of Corporate	tion (if known)
Delaware	
(Incorporated Under Li	aws of)
corporation revokes the authority of its registered agent	t in Florida to accept service on its behalf ar rocess based on a cause of action arising durin
ne it was authorized to transact business or conduct affair	
	rs in Florida.
ne it was authorized to transact business or conduct affair	rs in Florida. ., One Motorola Plaza
c/o Symbol Technologies, Inc (Mailing Address Holtsville, NY 11742	., One Motorola Plaza
c/o Symbol Technologies, Inc (Mailing Address	., One Motorola Plaza
c/o Symbol Technologies, Inc (Mailing Address Holtsville, NY 11742	., One Motorola Plaza
c/o Symbol Technologies, Inc (Mailing Address Holtsville, NY 11742 (City/ State /Z/p) orporation agrees to notify the Department of State in the	., One Motorola Plaza
c/o Symbol Technologies, Inc. (Mailing Address Holtsville, NY 11742 (City/ State /Zip)	., One Motorola Plaza
c/o Symbol Technologies, Inc (Mailing Address Holtsville, NY 11742 (City/ State /Z/p) orporation agrees to notify the Department of State in the	., One Motorola Plaza