

L18000010605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

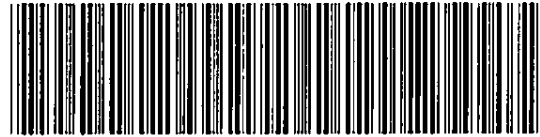
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 10/30/2024

Name: Patrice Rush

Reference #: 2537574

Entity Name: ALCAT NY, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Certificate of Termination

Authorized Amount: \$25.00

Signature: 

✉ CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

✉ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #801072
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

✉ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD. CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCAT NY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Campbell, Paralegal

Name of Person

Robinson, Bradshaw & Hinson, P.A.

Firm/Company

101 N. Tryon St., Suite 1900

Address

Charlotte, NC 28246

City/State and Zip Code

ecampbell@robinsonbradshaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Campbell, Paralegal

Name of Person

at (704)

Area Code

377-8170

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E141 (12/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: ALCAT NY, LLC

SECOND:

The date of filing of the initial articles of organization is: January 11, 2018

THIRD: The date of filing of the dissolution is:
October 2, 2024

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Signed by:
Christina C. Taylor
9BD388EC0262413

Signature of Authorized Representative

Christina C. Taylor

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (12/13)