

m01000004837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

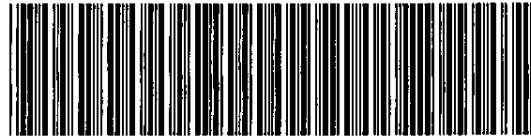
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR -7 PM 4:18
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MENDONCA & SUAREZ, CERTIFIED PUBLIC ACCOUNTANTS, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amedeo Luongo
(Name of Person)

MENDONCA & SUAREZ, CERTIFIED PUBLIC ACCOUNTANTS, LLC
(Firm/Company)

1030 Salem Road
(Address)

Union NJ 07083
(City/State and Zip Code)

For further information concerning this matter, please call:

Rose Mary Campos at (908) 352-9797
(Name of Person) (Area Code & 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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
STATE
TALLAHASSEE, FLORIDA

12 MAR -7 PM 4:18

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

MENDONCA & SUAREZ, CERTIFIED PUBLIC ACCOUNTANTS, LLC

(Name of limited liability company)

New Jersey
(Jurisdiction of its organization)

MO7000004837
(Florida Document Number)

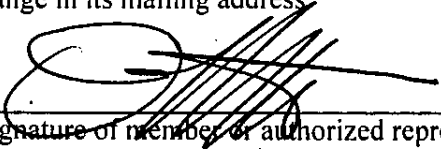
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and 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 in Florida.

1030 Salem Road
(Mailing address)

Union NJ 07083
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

Amedeo Luongo
(Typed or printed name of signee)

12 MAR -7 PM 4:18
SECRET
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2012

AMEDEO LUONGO
MENDONCA & SUAREZ FINANCIAL SERVICES, LLC
1030 SALEM ROAD
UNION, NJ 07083

SUBJECT: MENDONCA & SUAREZ, CERTIFIED PUBLIC ACCOUNTANTS,
LLC
Ref. Number: M07000004837

We have received your document for MENDONCA & SUAREZ, CERTIFIED PUBLIC ACCOUNTANTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 012A00007304