

M1400000 4613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

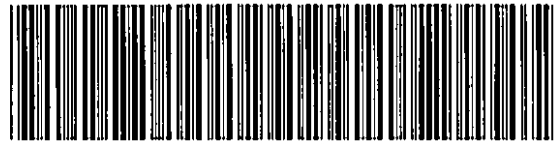
(Document Number)

Certified Copies _____ Certificates of Status _____

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4613 -



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04/03/19--01013--004 **7.50

12/21/18--01001--020 **32.50

2019 APR - 3 PM 6:23

FILED

C. GOLDEN

APR - 4 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CANADIAN WAX COMPANY LTD 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:

Shay Raiczky
(Name of Person)

The Canadian Wax Company
(Firm/Company)

793 center st., #381
(Address)

Lewiston, NY 14092
(City/State and Zip Code)

For further information concerning this matter, please call:

Shay Raiczky at (416) 834-5401
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2019

SHAY RAICZYK
793 CENTER STREET #381
LEWISTON, NY 14092

SUBJECT: THE CANADIAN WAX COMPANY LTD LLC
Ref. Number: M14000004613

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 719A00000650

RECEIVED

2019 APR -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

The Canadian Wax Company LTD LLC
(Name of limited liability company)

Ontario, Canada
(Jurisdiction of its organization)

06/30/2014
(Date registered with Florida Department of State)

M140000004613
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Shay Raiczuk

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2019 APR -3 PM 6:23
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA