

M1700000 7432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

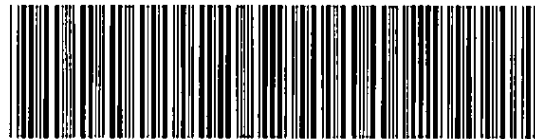
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



600420371966

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
2023 DEC 18 PM 12:40

RECEIVED
2023 DEC 18 PM 2:33
DIPLOMAT OFFICE
60 FALL HARBOR DRIVE
FALL HARBOR, FLORIDA

R. HUNT

12/18/23

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE: 12/18/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#): 1210896

ORDER ENTITY

ASTOR FLA LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ASTOR FLA LLC (FL)

File the attached withdrawal document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over a horizontal line.

2023 DEC 18 PM 12:40
CLERK OF STATE
DIVISION OF CORPORATIONS

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

ASTOR FLA LLC

SUBJECT: _____
(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:

Chris Mataja

(Name of Person)

LAFAYETTE

(Firm/Company)

12802 Tampa Oaks Blvd, Suite 101

(Address)

Tampa, FL 33637

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Mataja

212

677-7356

(Name of Person)

at (

(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 DEC 18 PM 12:40

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ASTOR FLA LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

08/30/2017

(Date registered with Florida Department of State)

M17000007482

(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.

DocuSigned by:

Christopher Mataya

41E66A37-6A94417

(Signature of authorized representative)

Chris Mataya

(Typed or printed name of signer)

FILED
DIVISION OF CORPORATIONS
2023 DEC 18 PM 12:40

Filing Fee: \$25.00