

M19000011513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

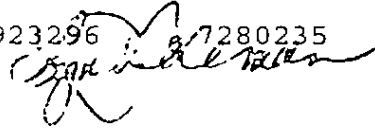


800413369108

FILED
2023 AUG -7 AM 10:42
TALLAHASSEE, FLORIDA

RECEIVED
2023 AUG -7 PM 3:28
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 923296 7280235
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : August 7, 2023
ORDER TIME : 2:32 PM
ORDER NO. : 923296-020
CUSTOMER NO: 7280235

FOREIGN FILINGS

NAME: HUDSON OHM PNS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUDSON OHM PNS, 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:

JEANEDRA BIGGER

(Name of Person)

HUDSON GROUP (HG) RETAIL LLC

(Firm/Company)

1 MEADOWLANDS PLAZA, 6TH FLOOR

(Address)

EAST RUTHERFORD, NJ 07073

(City/State and Zip Code)

For further information concerning this matter, please call:

JEANEDRA BIGGER

(Name of Person)

201

939-5050

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hudson OHM PNS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/04/2019

(Date registered with Florida Department of State)

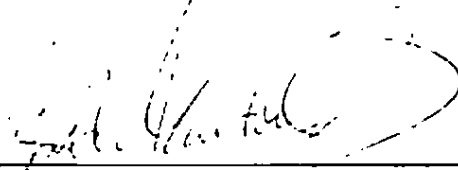
M19000011513

(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)

JORDI MARTIN-CONSUEGRA

(Typed or printed name of signee)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 AUG -7 AM 10:42

FILED

Filing Fee: \$25.00