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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5365

DISSOLUTION OR WITHDRAWAL **SELMAN & COMPANY**

Certificate of Status	0
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COVER LETTER

10:	Amendment Section Division of Corporations		
SUBJ	TECT: SELMAN & COMPANY	, <u>, </u>	
		(Name of Corporati	on)
DOC	UMENT NUMBER: P36467		
The e	nclosed withdrawal application an	d fee are submitted for	filing.
	e return all correspondence concernis r to the following:	ng this	
	BELINDA PAULETT		
		(Name of Person)	
	SELMAN & COMPANY, LLC		
		(Firm/Company)	
	6110 PARKLAND BLVD		
	<u> </u>	(Address)	
	CLEVELAND, OHIO 44124		
		(City/State and Zip cod	e)
For fu	orther information concerning this m	atter, please call:	
BELN	nda paulett	at (440)	646-9336 EXT 245
Enclo	(Name of Person) sed is a check for the amount:	(Area Co	de & Daytime Telephone Number)
⊠\$ 3	5 Filing Fee S43.75 Filing Fee & Certificate of Status		Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

SELMAN & COMPANY	
	(Name of Corporation)
P36467	
(Doct	ment Number of Corporation (if known)
ОНЮ	
	(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

6110 PARKLAND BLVD (Mailing Address)		_		
CLEVELAND, OHIO 44124				
(City/ State /Zip)		SEU.	25	
The composition deces to notify the Department of State in the f	luture of any change in its mailing	至至	APR I	71
The corporation agrees to notify the Department of State in the f	4/16/2015	SEE O	ა	m
(Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary)	(Date)	- 	.t.	D
		ATE	<u>:</u>	
(Typed or printed name of person signing)	PRESIDENT & CEO (Title of person signing		-	

FILING FEE \$35