

P36803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

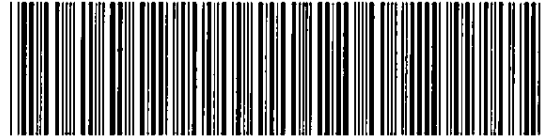
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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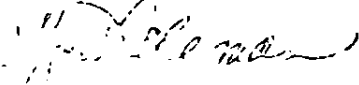
TALLAHASSEE, FLORIDA

RECEIVED

2024 JAN -3 PM 3:31

TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 214629 4703683
AUTHORIZATION : 
COST LIMIT : \$35.00

ORDER DATE : December 15, 2023
ORDER TIME : 2:02 PM
ORDER NO. : 214629-360
CUSTOMER NO: 4703683

FOREIGN FILINGS

NAME: ABT ASSOCIATES INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Abt Associates Inc.

(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status & Certified
Copy (Additional copy is enclosed) |
|--|--|---|---|

Mailing Address:

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

Street Address:

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

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

Abt Associates Inc.

(Name of Corporation)

P36803

(Document Number of Corporation (if known))

Massachusetts

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

_____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:

c/o Brian Roemer, 6130 Executive Blvd


(Mailing Address)

Rockville, MD 20852

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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

DocuSigned by:


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

12/26/2023

(Date)

Brian Roemer

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35