F0400006319

(Paguastoria Nama)			
(Requestor's Name)			
Address			
(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:			
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SECRETARY OF STATE

AFT AND TELE



COVER LETTER

	ndment Section ion of Corporations
SUBJECT:	SETTEMENT (Pas, INC (Name of Corporation)
DOCUMEN	TNUMBER: F04000006319
The enclosed	withdrawal application and fee are submitted for filing.
Please return matter to the	all correspondence concerning this following:
	Pavla Joy SKEGEL
	(Name of Person)
	(Firm/Company)
	(Firm/Company)
	4719 CHESTNUT ST.
	(Address)
	City/State and Zip code)
	(Only/Build and Zip code)
For further in	formation concerning this matter, please call:
	ON M SIEGET at (301) 343 1000
	(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SETTLEMENT PROS, INC.		
(Name of Corporation)		
(Document Number of Corporation (if known)		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida and have voluntarily surrenders its authority to transact business or conduct affairs in Florida.	ereby	
This corporation revokes the authority of its registered agent in Florida to accept service on its beha appoints the Department of State as its agent for service of process based on a cause of action arising duritime it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:		
4719 CHESTNUT STREET ASA	10 JUB 2	ļ1—
BETHESDA, MD 20814 STEP OF STATES DA MO 20814 (City/Islate /Zip) REF	SH 10: 25	
The corporation agrees to notify the Department of State in the future of any change in its mailing address	, i.	
(Signature of a director, president or otherofficer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary) (Date)		
(Typed or printed name of person signing) (Title of person signing)	_	

FILING FEE \$35