F060005557

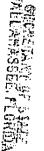
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Wal-Mart Workers Association	on inc			
(Name of Corporation)				
DOCUMENT NUMBER: F06000005657				
The enclosed withdrawal application and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Wade Rathke				
(Name	of Person)			
(Firm/C	Company)			
3401 St Claude Ave.				
(Ac	ldress)			
New Orleans, LA 70117				
(City/State	and Zip code)			
For further information concerning this matter, pleas	e call:			
Wade Rathke	504) 302 - 1238			
(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			

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

Wal-Mart Workers Association, Inc	
(Name of Corporation)	
F06000005657	(if known) 2010 APR 22
(Document Number of Corporation	F. Control of the Con
Louisiana	
(Incorporated Under Laws	of) 9: 25
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo	s based on a cause of action arising during the
The following is a current mailing address for the corporation:	
3401 St Claude Ave	
(Mailing Address)	
New Orleans, LA 70117 (City/ State /Zip)	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	ure of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	4/19 / 18 (Bate)
Mildred Edmond (Typed or printed name of person signing)	Secretary (Title of person signing)

FILING FEE \$35