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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: THE RHOMBUS GROUP, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: F08000000751			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
John St. Pierre			
(Name of Person)			
The Rhombus Group, Inc.			
(Firm/Company)			
560 Benigno Blvd.			
(Address)			
Bellmawr, New jersey 08031			
(City/State and Zip code)			
For further information concerning this matter, please call:			
C. Richard Ropka, Esq. at (856) 374-1744			
(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

RHOMBUS SERVICES (Name of Corporation	DVC. 胃胃
(Name of Corporation	n)
F0800000751	SSEE
(Document Number of Corporation	on (if known)
	JANE AS
Delaware	***
. (Incorporated Under Law	vs of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the corporation revokes the authority of its registered agent is	et affairs in Florida.
appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F	ss based on a cause of action arising during the
time it was authorized to transact business or conduct affairs in r	ionda.
The following is a current mailing address for the corporation:	
560 Benigno Blvd.	
(Mailing Address)	
Bellmawr, New Jersey 08031	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	uture of any change in its mailing address.
	January 24, 2011
(Signature of a director, president or other officer - if in the hands of a roceiver or other court appointed fiduciary, by that fiduciary)	(Date)
John St. Pierre	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35