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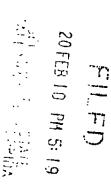
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|----------------|---|---|
| SUBJ | 6072594 DELAWARE INC | > . |
| SUBJ | ECI: | (Name of Corporation) |
| DOC | JMENT NUMBER: F1000000 | • |
| The er | nclosed withdrawal application | n and fee are submitted for filing. |
| Please | return all correspondence conc | erning this matter to the following: |
| | Amy L. Fondo, CPA | |
| | CliftonLarsonAllen LLP | (Name of Person) |
| | —————————————————————————————————————— | (P:/C) |
| | 420 South Orange Ave., Suite 5 | (Firm/Company) 500 |
| | | (Address) |
| | Orlando, FL 32801 | |
| | | (City/State and Zip code) |
| For fur | ther information concerning thi | s matter, please call: |
| Amy L. | Fondo, CPA | at (802 - 1200 |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclos | ed is a check for the amount: | |
| ≣ \$ 35 | Filing Fee | ee & \$43.75 Filing Fee & \$52.50 Filing Fee, atus Certified Copy Certificate of Status & Certified (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

| | 6072594 DELAWARE INC. | |
|-------------------|---|-----|
| | (Name of Corporation) | |
| | F10000004889 | |
| | (Document Number of Corporation (if known) | |
| | State of Delaware; August 26th, 2010 | |
| | (Incorporated Under Laws of and date authorized to transact business/conduct its affairs) | |
| This cor appoints | rporation is no longer transacting business or conducting affairs within the State of Florida and her rily surrenders its authority to transact business or conduct affairs in Florida. rporation revokes the authority of its registered agent in Florida to accept service on its behalf is the Department of State as its agent for service of process based on a cause of action arising during was authorized to transact business or conduct affairs in Florida. | and |
| The follo | owing is a current mailing address for the corporation: | |
| | 90 Garry Street, Suite 204 | |
| | (Mailing Address) | |
| | Winnipeg, Manitoba, Canada R3C 4H1 | |
| | (City/ State /Zip) | |
| | Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) |) |
| E | (Typed or printed name of person signing) (Typed or printed name of person signing) | |
| | (Title of person signing) | |

FILING FEE \$35