

P39589

CORPORATION SYSTEM

CORPORATION(S) NAME

Leardate Info-Services, Inc.

Withdrawal

RECEIVED
01 JUN 19 PM 3:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 JUN 19 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | |

Name _____ 6/19/01
 Availability 6/19/01
 Document _____
 Examiner ADR
 Updater ADR
 Verifier _____
 W.P. Verifier _____

MS

Order#: 4591602

400004431014--8

Ref#: -06/20/01--01003--001
*****35.00 *****35.00

Amount: \$ _____

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 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

