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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>STRATUS</u> <u>ERVICES</u> <u>GROUP</u> /NC. (Name of Corporation)
DOCUMENT NUMBER: F98000001668 FE# 22-3499261
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH J. RAYMOND (Name of Person)
(Name of Person)
STRATUS SERVICES GROUP, INC.
(Firm/Company)
500 CEAIG ROAD (SUITE 201 (Address)
(Address)
MANALAPAN NJ 07726
(City/State and Zip code)
For further information concerning this matter, please call:
JOSEPH J RAYMOND at (732) 866-0300
(Name of Person) at (732) 866-0300 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING 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

STRATUS SERVICES GROUP, INC. (Name of Corporation)
FARMONDO 110108 FS# 23-34097(a)
F980000 1008 FE# 23-3499261 (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 hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
500 Ceaig Road Juite 201 (Mailing Address)
MANACAPAN NJ 07726 (City/State/Zip)
The corporation agrees to notify the Department of State in the future 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) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35