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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ACCESS = ABILITY INC. (Name of Corporation)
DOCUMENT NUMBER: <u>F0600005509</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARBARA SMOKER
(Name of Person)
LIFE & TIMES PRODUCTIONS CO : (Firm/Company)
2015 SOUTH TUTTLE AVE. (Address)
(Address)
SARASOTA, FL. 34239
(City/State and Zip code)
For further information concerning this matter, please call:
BARBARA SMOKER at (941) 779-5128
(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

ACCESS = ABILITY INC. (Name of Corporation)		
(Document Number of Corporation (if known)		
NEW MEXICO (Incorporated Under Laws of)	·····	
This corporation is no longer transacting business or conducting affairs within the State of Florida voluntarily surrenders its authority to transact business or conduct affairs in Florida.	and here	eby
This corporation revokes the authority of its registered agent in Florida to accept service on its appoints the Department of State as its agent for service of process based on a cause of action arisin time it was authorized to transact business or conduct affairs in Florida.	g during	
The following is a current mailing address for the corporation:	10 JUN 1	
715 E. IDAHO, BLDG, J. SUITE A (Mailing Address)	CRETARY OF STATE	! :
LAS CRUCES, NM 88001 (City/State/Zip)		1
The corporation agrees to notify the Department of State in the future of any change in its mailing as (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ddress.	
BARBARA S. SMOKER OWNER/PRESIDER (Typed or printed name of person signing) (Title of person signing)	IT	-

FILING FEE \$35