## 811927

	• •
(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business F	Entity Name)
(000)	·
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: MILLER & HOLMES INC

(Name of Corporation)

DOCUMENT NUMBER: 811927

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**BARBARA A VELASQUEZ** 

(Name of Person)

MILLER & HOLMES INC

(Firm/Company)

2311 O'NEIL ROAD

(Address)

**HUDSON, WI 54016** 

(City/State and Zip code)

For further information concerning this matter, please call:

**BARB VELASQUEZ** 

at (715 ) 377-1730

(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

MILLER & HOLMES, INC		
(Name of Corporation)		
811927		
(Document Number of Corporation (if	known)	
MINNESOTA		
(Incorporated Under Laws of		
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct affi		:by
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process be time it was authorized to transact business or conduct affairs in Florida	ased on a cause of action arising during	
The following is a current mailing address for the corporation:		
2311 O'NEIL ROAD	O7 APR SECRE TALLAH	
(Mailing Address)	REINAHAS	77-
HUDSON, WI 54016	7 PH	
(City/ State /Zip)	STATE FLORIDA	
The corporation agrees to notify the Department of State in the future	of any change in its mailing address.	
Barban a Velasque	4/25/07	
(Signature of a director, president or other office of in the Mands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
BARBARA A VELASQUEZ		
(Typed or printed name of person signing)	(Title of person signing)	

**FILING FEE \$35**