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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BARR + BARR INC. (Name of Corporation)	
(Name of Corporation)	
DOCUMENT NUMBER: 83077/	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LINDA MORANO	
(Name of Person)	
BARR + BARR INC.	
(Firm/Company)	
460 W. 34 Est.	
(Address)	
(Name of Person) BARR + BARR INC. (Firm/Company) 460 W. 34 ST. (Address) New York N.Y. 10001 (City/State and Zip code)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) at (212) 563-2330 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Amendment Section MAILING ADDRESS: Amendment Section	
Division of Compositions	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	(Document Number of Corporation (if known)	TALLI	06 A	
	(Document Number of Corporation (if known)	LE TAR	PR IS	=
	New York (Incorporated Under Laws of)	1. J.	A.	m
	(Incorporated Under Laws of)	STAT	4 :8	O
This corp voluntari	poration is no longer transacting business or conducting affairs within the State of laboration is authority to transact business or conduct affairs in Florida.	⊡mi Florida		ıereby
appoints	poration revokes the authority of its registered agent in Florida to accept service the Department of State as its agent for service of process based on a cause of action as authorized to transact business or conduct affairs in Florida.			
The follo	wing is a current mailing address for the corporation:			
	460 W. 34th STREET			
	New York N.Y. 10001			
The corp	oration agrees to notify the Department of State in the future of any change in its ma	iling ad	ldress	
(S	Venantire of a director, president or other officer - if in the hands of a leceiver or other court appointed fiduciary, by that fiduciary) (Date)	<u>-</u>		_
	Thomas D. BALR SR FACE VP/- (Typed or printed name of person signing) (Title of pysion s	Rep	15 G	<u>R</u> EK

FILING FEE \$35