## 838279

Ę			
(Requestor's Name)			
(Address)			
- (Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
ėim n	IR-North Corp.	
SOBJ		of Corporation)
DOCU	CUMENT NUMBER: 838279	
The er	enclosed withdrawal application and fee are s	ubmitted for filing.
Please	se return all correspondence concerning this ma	tter to the following:
	Michael Deluca	
	(Name	of Person)
	Rabina	
	(Firm/	Company)
	505 5th Avenue, 27th Fl	
	(A	ddress)
	New York, NY 10017	
	(City/State	and Zip code)
For fu	further information concerning this matter, plea	se call:
Michae	hael Deluca	(212 ) 680-4500
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	losed is a check for the amount:	
□ \$3:		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

IR-North Corp.	
(Name of Corporation	on)
838279	
(Document Number of Corporati	ion (if known)
•	
(Incorporated Under Laws of and date authorized to train	nsact business/conduct its affairs)
This corporation is no longer transacting business or conductin voluntarily surrenders its authority to transact business or conductions.	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proceedings in the it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
505 5th Avenue, 27th Floor,	
(Mailing Address)	1 2
New York, NY 10017	1024 OCT
(City/ State /Zip)	25 PM
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)
Michael Deluca	Vice President of Finance
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**