## 844691

(Re	questor's Name)			
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## **COVER LETTER**

	Amendment Section Division of Corporations		
	Toohnical Aid Co	rnoration	
SUBJEC	CT: Toominaa Ala Ool	(Name of Corpora	ution)
	8//601	(Name of Corpora	mon)
DOCUN	MENT NUMBER: 844691		
The encl	osed withdrawal application and	fee are submitted fo	or filing.
	eturn all correspondence concerning the following:	; this	
	Alfred Labbe		
		(Name of Person)	
	Technical Aid Corpo	oration	
		(Firm/Company)	
	220 Norwood Park	South	
		(Address)	
	Norwood, MA 02062	2	
	(0	City/State and Zip co	ode)
For furth	ner information concerning this mat	ter, please call:	
Alfre	d Labbe	<sub>at (</sub> 781	251-8223
Enclosed	(Name of Person) d is a check for the amount:		Code & Daytime Telephone Number)
<b>√</b> \$35 F	Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHORAWAL OF 2: 29 AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

AUTHORITY TO TRANSACT BUSINESS OR CO	OT UNE TARY OF STATE
Technical Aid Corporation	TALLAHASSÉÉ, FLÖRÍÐ.
(Name of Corporation)	
844691	
(Document Number of Corporation	(if known)
Massachusetts	
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proc	t affairs in Florida.  1 Florida to accept service on its behalf and
the time it was authorized to transact business or conduct affairs i	
The following is a current mailing address for the corporation:	
P.O. Box 9130	
(Mailing Address)	
Norwood, MA 02062-9130	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	sture of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver prother court appointed fiduciary, by that fiduciary)	1/10/2014 (Date)
Jonathan T. Mann	Secretary
(Typed or printed name of person signing)	(Title of person signing)