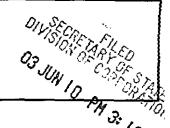
## 848900



(Req	uestor's Name)	
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	Wait	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Withda,

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SMITHGROUP JJR, INC.		
(Name of corporation)		
DOCUMENT NUMBER: 848900		
DOCUMENT NUMBER.		
The enclosed withdrawal application and fee a	are submitted for filing.	
Please return all correspondence concerning this matter to the following:	S	
TOM MROZ		
(Name of Person)	<del>-</del>	
SMITHGROUP JJR		
(Firm/Company)	<del>-</del> ,	
110 MILLER AVENUE	_	
(Address)	<del>.</del>	
ANN ARBOR, MI 48104		
(City/State and Zip code)	-	
For further information concerning this matter, please call:		
KIM CALLAHAN	at ( 734 ) 669-2666	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL. 32399	Tallahassee, FL. 32314	

## CONSCRIPTION OF THE PARTY OF TH

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

Corporation)
Under Laws Of)
ss or conducting affairs within the State of Florida transact business or conduct affairs in Florida.
egistered agent in Florida to accept service on its its agent for service of process based on a cause of to transact business or conduct affairs in Florida.
ne corporation:
g Address)
State /Zip)
SECRETARY/TREASURER Title
e hands of a by that fiduciary.
5 · 1 5 · U 7  Date