

856831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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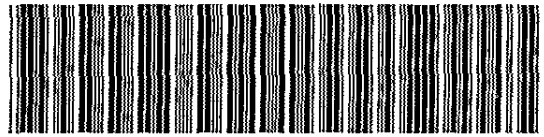
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4-7  
[Handwritten signature]

# BRASWELL SERVICES GROUP, INC.

POST OFFICE BOX 72529  
CHARLESTON, SOUTH CAROLINA 29415  
PHONE (843) 577-4692  
FAX (843) 577-2408

March 31, 2004

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

Subject: Braswell Services Group, Inc.

Document Number: 856831

Greetings:

The enclosed withdrawal application and fee of \$35 are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia M. Kinard  
Braswell Services Group, Inc.  
P. O. Box 72529  
Charleston, SC 29415-2529

For further information concerning this matter, please call me at 843-388-6136.

Sincerely,

BRASWELL SERVICES GROUP, INC.



P. M. Kinard  
Secretary, Board of Directors

Encl/2

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

BRASWELL SERVICES GROUP, INC.  
(Name of Corporation)

856831  
(Document Number of Corporation (if known))

SOUTH CAROLINA  
(Incorporated Under Laws of)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

P.O. Box 72529  
(Mailing Address)

CHARLESTON, SC 29415-2529  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Patricia M. Kinard  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

03/31/04  
(Date)

PATRICIA M. KINARD  
(Typed or printed name of person signing)

SECRETARY, BD. OF DIRECTORS  
(Title of person signing)

FILING FEE \$35