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Withdrawa

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: New Tampa In	2.	
SUBJECT: New Tampa In (Name of	Corporation)	
DOCUMENT NUMBER: F 0000000 14		
The enclosed withdrawal application and fee are sub	mitted for filing.	
Please return all correspondence concerning this matter to the following:		
Michelle Mechan		
Michelle Meshan (Name of Person)		
RP Management Tre. (Firm/Company)		
-		
P.O. Box 678 (Address)		
(City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please	call:	
Michelle mechan at (484) 708-5100	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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

New Tanga Tro
(Name of Corporation)
(Document Number of Corporation (if known)
Pennsylvania (Incorporated Under Laws of)
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 678 (Mailing Address) P.O. Box 678 (Mailing Address)
Wynnewood AA 19096 State /Zip) State /Zip) State /Zip)
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)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35