

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (Addiess)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: JMD Cipinola Inc. (Name of Corporation)   |
| DOCUMENT NUMBER: F000000 2009  |
| The enclosed withdrawal application and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  Name of Person)  (Firm/Company)  (Address)  (City/State and Zip code) |
| For further information concerning this matter, please call:   |
| (Name of Person) at (Ous) 647.3003 x113  (Area Code & Daytime Telephone Number)  |
| (Name of Herson) (Area Code & Daytime Telephone Number)  |

## **MAILING ADDRESS:**

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

## **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA  |
|---|
| (Name of Corporation)   |
| (Document Number of Corporation (if known)  |
| (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:   |
| Rox 629   |
| (Mailing Address)  Ellewille Ny 12 12 28  (City/ State /Zip)  |
| •   |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address.  3-13-0  (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)   |
| (Typed of printed name of preson signing)  (Title of person signing)  |

**FILING FEE \$35**