## F000000002291

(Requestor's Name)
(Address)
(Addless)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
TALLAHASSEE F. STATE

withdrawal

TB 3/25/09

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Jm5 f	(Name of Corporation)
DOCUMENT NUMBER:	F0000000 2291
The enclosed withdrawal application	and fee are submitted for filing.
Please return all correspondence concematter to the following:	erning this
J. N	Name of Person)
	(Name of Person)
Ims P	RODUCT DISTRIBUTORS, INC.
	(Firm/Company)
609 C	HATAS COURT (Address)
LAKE r	nary FL 32746
	(City/State and Zip code)
For further information concerning thi	
MICHAGE SLACK	at ( 407 ) 688 - //44  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS	STREET ADDRESS:

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

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

IMS PRODUCT DISTRIBUTORS, INC.
(Name of Corporation)
(Document Number of Corporation (if known)
(Name of Corporation)  FOCOCOCO 2291  (Document Number of Corporation (if known)  SOMMONWEALTH OF VIRGINIA OF SINGLES (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:
609 CHATAS COURT (Mailing Address)
LAKE MARY, FL 32746 (Cfty/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)
T. MICHAEL SLACK, PRES, PRES, DENT (Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**