F00000002872

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| . (Document Number) |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations |
|--|
| SUBJECT: DISSOLUTION OF CORPORATION |
| DOCUMENT NUMBER: <u>F000000</u> 2872 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Reydi Nunez (Name of Contact Person) |
| (Firm/Company) |
| P.O. BOX 771990 (Address) |
| (Address) |
| (Address) ORlando, FL, 32877 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (407) 455-4817 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2008

LEYDI NUNEZ PO BOX 771990 ORLANDO, FL 32877

SUBJECT: STERLING SLEEP PRODUCTS, INC.

Ref. Number: F0000002872

We have received your document for STERLING SLEEP PRODUCTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 308A00025259

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Division of Cornerations P.O. BOY 6327 Tallahassas Florida 3231

COVER LETTER

| FO: Amendment Section Division of Corporations |
|---|
| SUBJECT: STERLing Sleep Avaduats, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: F0000000 2872 |
| The enclosed withdrawal application and fee are submitted for filing. |
| Please return all correspondence concerning this natter to the following: |
| L- Nune 7 (Name of Person) |
| (Name of Person) |
| (Firm/Company) |
| P.O. BOX 77 1990 |
| (Address) |
| P.O. BOX 77 1990 (Address) ORlando, FL. 328 77 (City/State and Zip code) |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (407) 455-4817 (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: Amendment Section Division of Comparting |

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

STERling Sleep Products Ine (Name of Corporation)

| (Document Number of Corporation (if known) | |
|---|---|
| Ollware (Incorporated Under Laws of) | |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and herebyoluntarily surrenders its authority to transact business or conduct affairs in Florida. | у |
| This corporation revokes the authority of its registered agent in Florida to accept service on its behalf an appoints the Department of State as its agent for service of process based on a cause of action arising during the it was authorized to transact business or conduct affairs in Florida. | |
| The following is a current mailing address for the corporation: | |
| P.O. BOX 77/990 (Mailing Address) OR/ando, CL. 32877 (City/State/Zip) | |
| TATE ORIDA | |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address. 5 - 15 - 03 (Signature of a threefor president or other officer - it in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | |
| Typed or printed name of person signing) (Typed or printed name of person signing) (Title of person signing) | |

FILING FEE \$35