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10/21/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MOSSBERG SANITATION TNC. (Name of Corporation)
DOCUMENT NUMBER: <u>F0000000 3259</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COLLEEN BURTON
(Name of Person)
MOSSBERG SANTIATION, INC.
(Firm/Company)
P.O.Box 486
(Address)
GREAT BEND KS 67530
(City/State and Zip code)
(end, end and electrical)
For further information concerning this matter, please call:
10UFEN BURTON at (620) 792-6570
(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

MOSSBERG SANITATION, INC.	
(Name of Corporation) F 00000003259 (Document Number of Corporation (if known) KANSAS (Incorporated Under Laws of)	FILED
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida at coluntarily surrenders its authority to transact business or conduct affairs in Florida.	nd hereby
This corporation revokes the authority of its registered agent in Florida to accept service on its b ppoints the Department of State as its agent for service of process based on a cause of action arising clime it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
P.O. BOX 486 ZOOL BROADWAY Sur	ITE ZB
GREAT BEND, KS 67530 (City/State/Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing add	ress.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	
SYLVAN D. BLEEKER PRESIDENT (Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35