

F00000006174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

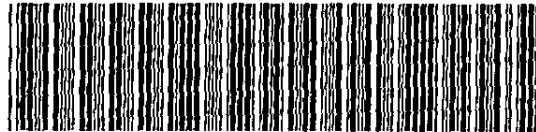
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2005 JAN 10 AM 9:44

Withdr.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUNDY STAFFING ASSOCIATES, INC.
(Name of corporation)

DOCUMENT NUMBER: F00000006174

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

BROOKE M WELLS

(Name of Person)

LUNDY STAFFING ASSOCIATES, INC.

(Firm/Company)

P.O. BOX 2603

(Address)

MADISON, MS 39130-2603

(City/State and Zip code)

For further information concerning this matter, please call:

BROOKE WELLS

(Name of Person)

at (601) 605-6043

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

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

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

LUNDY STAFFING ASSOCIATES, INC.
(Name of Corporation)

F000000006174
(Document Number of Corporation (if known))

THE STATE OF MISSISSIPPI
(Incorporated Under Laws of)

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DIVISION OF CORPORATIONS
2005 JAN 10 AM 9:44

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.

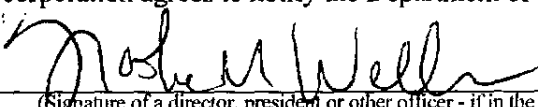
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

P.O. BOX 2603
(Mailing Address)

MADISON, MS 39130-2603
(City/ 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)

1/4/05
(Date)

BROOKE M WELLS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE \$35