

F 0000 0000 6402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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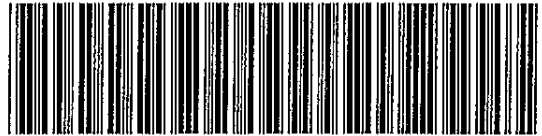
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
ATLANTA, GEORGIA

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308 FFW  
3-11-03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CBMS, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F000000006402

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

Please return all correspondence concerning this matter to the following:

CHERYL PARKINSON  
(Name of Person)

CBMS, Inc.  
(Firm/Company)

120 VILLAGE SQUARE, #51  
(Address)

ORINDA, Ca 94563  
(City/State and Zip code)

For further information concerning this matter, please call:

CHERYL PARKINSON at (925) 254-5280  
(Name of Person) (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**

CBMS, Inc.

(Name of Corporation)

STATE OF CALIFORNIA

(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:

120 VILLAGE SQUARE, #51

(Mailing Address)

ORINDA, CA. 94563

(City/ State /Zip)

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

03 MAR 11 AM 9:30

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The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Cheryl Parkinson*

Signature of the chairman or vice chairman of the board,  
president, or any officer, or if the corporation is in the hands of a  
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

CEO

Title

CHERYL PARKINSON

Typed or printed name

3-6-03

Date