F0000007202

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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withdrawal 1

COVER LETTER

BJECT: Kuhn Farm Machinery, Inc.	
	(Name of Corporation)
CUMENT NUMBER: F00000007	7202
enclosed withdrawal application	and fee are submitted for filing.
ase return all correspondence concer	rning this
tter to the following:	
James T. Gustafson	
	(Name of Person)
Gustafson & Co., CPAs	·
	(Firm/Company)
3264 Seneca Turnpike	•
	(Address)
Canastota, NY 13032	•
	(City/State and Zip code)
r further information concerning this	s matter, please call:
imes T. Gustafson	at (315) 697-2345
(Name of Person)	(Area Code & Daytime Telephone Num

STREET ADDRESS:

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

MANILING ADDRESS:

Amendment Section

Division of Corporations

Clinion Building

2601 Executive Center Circle

Taillahasses, RL 32301

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

Kuhn Farm Machinery Inc.

(Name of Corp	poration)
F0000007202 (Document Number of Co	rporation (if known)
·	
New York	
(Incorporated Unc	der Laws of)
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or convoluntarily surrenders.	
This corporation revokes the authority of its registered appoints the Department of State as its agent for service of the it was authorized to transact business or conduct affair	f process based on a cause of action arising during the
The following is a current mailing address for the corporate	tion:
5390 East Seneca Street	
(Mailing Ac	ddress)
·	
Vernon, NY 13476 (City/ State	e/Zin)
. (Oily) Ball	
The corporation agrees to notify the Department of State i	n the future of any change in its Ming diress.
	0
(Signature of a director, president or other officer - if in the hands or receiver or other court appointed fiduciary, by that fiduciary)	fa . DECEMBER 20 200
receiver or other court appointed tiductary, by that fiductary)	·
Thierry Krier	Vice President
(Typed or printed name of person signing)	(Title of person signing)
(1 yped or printed name of person signing)	TO STATE OF THE ST