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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EYELLOW.COM, INC.
(Name of Corporation)
DOCUMENT NUMBER: F 5100000 426
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES G KAUFULN (Name of Person)
(Name of Person)
(Firm/Company)
3775 WILD ORCHID LANE
(Address)
FT. PIERCE, FL 3498/
(City/State and Zip code)
For further information concerning this matter, please call:
JAMES G KAWFMEN at (954) 298 7950
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:
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

electow.com, Inc.
(Name of Corporation)
(Name of Corporation) FO 100000 426 (Document Number of Corporation (if known) DELAWARE
(Document Number of Corporation (if known)
DFLAWARE (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:
3775 WILD ORCHID EN (Mailing Address)
(Mailing Address)
FORT PIERCE, FE 34981
(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) (Date)
Typed or printed name of person signing) Ples . (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35