

F010000002073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

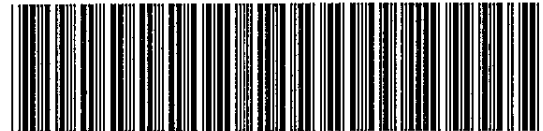
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FILED
02 DEC 12 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REL POUPON INC
(Name of corporation)

DOCUMENT NUMBER: F01000002073

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

Please return all correspondence concerning this
matter to the following:

ROBERTA POUPON
(Name of Person)

REL POUPON INC
(Firm/Company)

755 SOUTH PALM AVE #105
(Address)

SARASOTA FL 34236
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERTA POUPON at (941) 363-9294
(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

FILED
02 DEC 12 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

R E L P O U P O N , I N C .

(Name of Corporation)

NEW YORK STATE

(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:

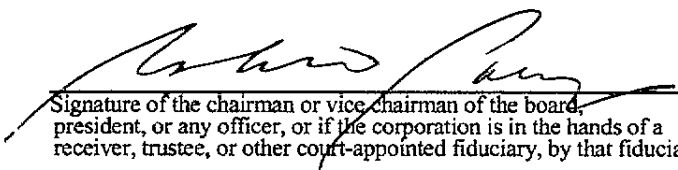
755 SOUTH PALM AVE #105

(Mailing Address)

SARASOTA FL 34236

(City/State/Zip)

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


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.

PRESIDENT

Title

ROBERTA POUPON

Typed or printed name

DEC 10, 2002

Date

FILED
02 DEC 12 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA