F01000002176

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	»#)
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T. Mether's MR 03 200

COVER LETTER

TO: Amendment Section Division of Corporations			
gymyrom Raho AgSenvices Inc			
(Name of Corporation)			
DOCUMENT NUMBER: F01000002176			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Travis Bovy			
(Name of Person)			
Rabo AgriFinance			
(Firm/Company)			
PO Box 668			
(Address)			
Cedar Falls, IA 50613			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Travis Bovy at (319) 277-0261			
(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

Rabo AgServices, Inc.	
(Name of Corporation)	
F01000002176	
(Document Number of Corporation (if known)	•
lowa	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and 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 belappoints the Department of State as its agent for service of process based on a cause of action arising dutime it was authorized to transact business or conduct affairs in Florida.	nalf and
The following is a current mailing address for the corporation:	
PO Box 668	06
Cedar Falls, IA 50613 (City/ State /Zip) (City/ State /Zip)	FILED FILED OF 57
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)	
John T. Roth (Typed or printed name of person signing) (Title of person signing)	<u>. </u>

FILING FEE \$35

(Title of person signing)