| (Requestor's Name) | | |
|---|---------------------|---------|
| (Address) (Address) | 40019405725 | 4 |
| (City/State/Zip/Phone #) | 02/14/1101029029 ** | \$52,50 |
| (Business Entity Name) (Document Number) | | |
| (Document Number) | | |
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| | COVER LETTER |
| | Iment Section |
| | on of Corporations |
| UBJECT: _ | BLAZING ENTERPRISES, INC. |
| | (Name of Corporation) |
| OCUMENT | NUMBER: <u>F01000002318</u> |
| L 1 | |
| ne enclosed | withdrawal application and fee are submitted for filing. |
| lease return i | all correspondence concerning this |
| lease return i atter to the f | all correspondence concerning this collowing: |
| lease return i atter to the f | all correspondence concerning this |
| ease return i atter to the f | all correspondence concerning this following: MARIANNE BLAZAR (Name of Person) |
| ease return i atter to the f | all correspondence concerning this collowing: |
| lease return i atter to the f | all correspondence concerning this collowing: <u>MARIANNE BLAZAR</u> (Name of Person) <u>BLAZING ENTERPRISES, INC.</u> (Firm/Company) |
| ease return i atter to the f | all correspondence concerning this collowing: <u>MARIANNE BLAZAR</u> (Name of Person) <u>BLAZING ENTERPRISES, INC.</u> (Firm/Company) |
| lease return i atter to the f | All correspondence concerning this collowing: <u>MARIANNE BLAZAR</u> (Name of Person) <u>BLAZING ENTERPRISES, INC.</u> (Firm/Company) <u>100 ORCHARD INN LANE</u> (Address) |
| lease return i atter to the f | all correspondence concerning this collowing: <u>MARIANNE BLAZAR</u> (Name of Person) <u>BLAZING ENTERPRISES, INC.</u> (Firm/Company) |
| | All correspondence concerning this collowing: <u>MARIANNE BLAZAR</u> (Name of Person) <u>BLAZING ENTERPRISES, INC.</u> (Firm/Company) <u>IOD ORCHARI) INN LANE</u> (Address) SALUDA, NC 28773 |

(Name of Person)

(Area Code & Daytime Telephone Number)

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

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Please send confirmations as well. Thack you!

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

ENTERPRISES, (Name of Corporation) lumber of Corporation (if known) HME Star THOMAS US VIRGIN ISLANDS

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:

ţ,

(Mailing Address)

28773 (City/ State /Zip) SALUDA ,

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

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(Signature of a director, president or other officer - If in the hands of a neceiver or other court appointed fiduciary, by that fiduciary)

RIANNE BLAP (Typed or printed name of person signing

FILING FEE \$35