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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pacific Health & Safety Consulting, Inc.
(Name of corporation)
DOCUMENT NUMBER:
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tim Marison
(Name of Person)
Pacific Health & Salety Con sulling Itane. (Firm/Company)
(Firm/Company)
- 192 Martin, Suite 230 (Address)
(Address)
Trule, CA 92612 (City/State and Zip code)
For further information concerning this matter, please call:
Marisa Thomas at (949) 253-4065  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

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

Pacific Health Safety Consulting Inc. (Name of Corporation)
Pacific Health Safety Consulting Inc.  (Name of Corporation)  FO/00003/57  (Document Number of Corporation (if known)
California (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:  2192 Markin Suite 230  (Mailing Address)
Fruine (A 9612 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.  (Signature of addirector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
(Typed or printed name of person signing)  True True True True True True True True

FILING FEE \$35