# 70100004214

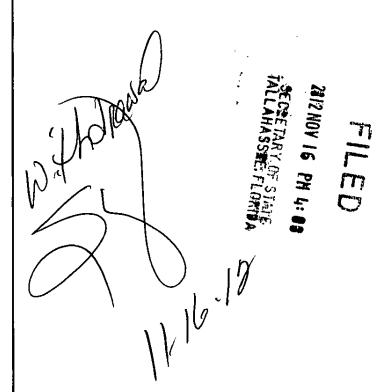
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### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: MAPLE LEAF SALES, LTD COPPORATION		
DOCUMENT NUMBER: F01000004214		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PAUL SCHAEFER		
(Name of Contact Person)		
SCHAEFER MANAGEMENT SUPPORT		
(Firm/Company)		
12412-103 SAN JOSE BLVD		
(Address)		
JACKSONVILLE, FL 32223		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
PAUL SCHAEFER at ( 904 ) 260-1099  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
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MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2012

PAUL SCHAEFER SCHAEFER MANAGEMENT SUPORT 12412-103 SAN JOSE BLVD JACKSONVILLE, FL 32223

SUBJECT: MAPLE LEAF SALES, LTD CORPORATION

Ref. Number: F01000004214

We have received your document for MAPLE LEAF SALES, LTD CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 912A00025366

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## **COVER LETTER**

	mendment Section ivision of Corporations		
	CT: MAPLE LEAF	SACES L (Name of Corporation	. <b>ア</b> カ n)
		F010000042	
	osed withdrawal application and f		_
		BEHNKE (Name of Person)	
	MAPLE LEA	AF SALES	LTD
	931 6	(Firm/Company)	LACE
	TA((()))	(Address)	22256
,	(C	ity/State and Zip code)	32237
_	er information concerning this matt	•	
BRIM	(Name of Person)	at ( 704 )_	874-2245
	(Name of Person) I is a check for the amount:	(Area Cod	le & Daytime Telephone Number)
<b>□</b> \$35 F	iling Fee \$\int \\$43.75  Filing Fee & [Certificate of Status]	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	,	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

MARIE LEAN SALES LED CORRINALIN
MAPLE LEAK SALES LTD CORPUNATION
F01000004219
(Document Number of Corporation (if known)
Michigan (Incorporated Under Laws of)
(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:
931 CALLIER PLACE (Mailing Address)
(Mailing Address)
JACK SONVICLE FL 37259
(City/ State /Zip)
•
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Sixtual of Street of Stre
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
Briw BEHNKEN PRESIDENT (Typed or printed name of person signing) (Title of person signing)
(Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**