

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

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## DISSOLUTION OR WITHDRAWAL ELOA EMPLOYEE CORPORATION

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## **COVER LETTER**

TO:	Amendment Section	
	Division of Corporations	
SUBJ	JECT: ELOA CORPORATION	
		(Name of Corporation)
DOC	UMENT NUMBER:	F01000004641
The er	nclosed withdrawal application	and fee are submitted for filing.
	return all correspondence conce to the following:	rning this
		LEGAL DEPARTMENT
		(Name of Person)
		ELOA CORPORATION
(Firm/Company)		
13555 N. STEMMONS FREEWAY		
		(Address)
		DALLAS, TX 75234
		(City/State and Zip code)
For fur	ther information concerning this	matter, please call:
susic vo	ergenz	at ( ) 496-4146
Enclos	(Name of Person) ed is a check for the amount:	(Area Code & Daytime Telephone Number)
<b>\$</b> 35	Filing Fee \$43.75 Filing Fee Certificate of Sta	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	Amendment Section

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

ELOA CORPORATION	
(Name of Corporation)	
F01000004641  (Document Number of Corporation	ı (if known)
DELAWARE (Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	·
C/O LEGAL DEPARTMENT - 13555 N. STEMMONS FREEW.	AY
(Mailing Address)	
DALLAS, TX 75234	•
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	ture 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)
DAVID J. MILAN	SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

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