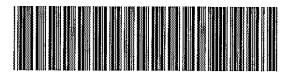


(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , ,		
PICK-UP WAIT MAIL		
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· COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: D. K. SHELLEY, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: F0100004820			
The enclosed withdrawal application and fee are submitted for filling.			
Please return all correspondence concerning this matter to the following:			
DENIS K. SHELLEY			
(Name of Person)			
D. K. SHELLEY, INC.	_		
(Firm/Company)			
4806 WINDSWEPT DRIVE	-		
(Address)			
MILFORD, MI 48380			
(City/State and Zip code)			
For further information concerning this matter, please call:			
DENIS K. SHELLEY at 248-848-9400	-		
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: MAILING ADDRESS:			

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

(Name of Corporation)

OK SHELLEY, INC.

CDocument Number of Corporation (if kno	nam)
(Document Number of Corporation (if with	vvrt)
COLORADO	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting hereby voluntarily surrenders its authority to transact business or c	
This corporation revokes the authority of its registered agent in Fl appoints the Department of State as its agent for service of producting the time it was authorized to transact business or conduct a	ess based on a cause of action arising
The following is a current mailing address for the corporation:	
C/O D. SHELLEY 4806 WINDSWEPT DRIVE (Mailing Address)	FILED 06 AUG 28 AM 9: C SECURETARY OF STATE ALLAHASSEE, FLOR
MILFORD, MI 48380	SEE 8
(City/State/Zip)	——————————————————————————————————————
The corporation agrees to notify the Department of State in the fu	ture or any change in its mailing address.
Mushlully	8.17-06
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
(Typed or printed name of person signing)	(Title of person signing)
FILING FEE \$35	

5W1115 2.000