# F01000005051

| (Requestor's Name)                      |  |  |  |
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|   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
| <b>,</b>                                |  |  |  |
| (Danish Abbardan)                       |  |  |  |
| (Document Number)                       |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
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SECRETARY OF STATE

8/17/10

### **COVER LETTER**

| TO: Amendment Section Division of Corporations                            |  |  |  |
|---|--|--|--|
| SUBJECT: Origin Communications, Inc.                                      |  |  |  |
| (Name of Corporation)   |  |  |  |
| DOCUMENT NUMBER: F01000005051   |  |  |  |
| The enclosed withdrawal application and fee are submitted for filing.     |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |  |  |
| Ted Filer   |  |  |  |
| (Name of Person)  |  |  |  |
| Origin Communications, Inc.   |  |  |  |
| (Firm/Company)  |  |  |  |
| 1136 RT 31  |  |  |  |
| (Address)   |  |  |  |
| Macedon, NY 14502   |  |  |  |
| (City/State and Zip code)   |  |  |  |
| For further information concerning this matter, please call:              |  |  |  |
| Ted Filer at ( 585 ) 527-0000   |  |  |  |
| (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

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

| Origin Communications, Inc.  |   |                            |
|--|---|----------------------------|
| (Nam   | ne of Corporation)  |                            |
| F01000005051   |   | ZOIO AUG<br>SECRETI        |
| (Document Num  | ber of Corporation (if known)                               | E 16<br>HASS               |
| New York   |   | TARY OF S                  |
| (Incorpo   | orated Under Laws of)                                       | PATE ORID                  |
| This corporation revokes the authority of its reg appoints the Department of State as its agent for se time it was authorized to transact business or cond.  The following is a current mailing address for the conditions and the second | ervice of process based on a cau<br>uct affairs in Florida. |                            |
|  | (ailing Address)  |                            |
| Macedon, NY 14502  | City/ State /Zip)   |                            |
| The corporation agrees to notify the Department of   | f State in the future of any chang                          | ge in its mailing address. |
| 1 cks  | 8/10/10   |                            |
| (Signature of a director, president or other officer - if in the receiver or other court appointed fiduciary, by that fiduciary  | ne hands of a   | (Date)                     |
| Ted Filer  | CEO   |                            |

**FILING FEE \$35** 

(Title of person signing)

(Typed or printed name of person signing)