## F01000005067

Office Use Only



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SECKLIARY OF STATE
TALLAHASSEE, FLORIDA

withdrawal Sp

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Pro-Tech Solutions, Inc. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER:F01000005067
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
45a Miller
(Name of Person)
Pro-Tech Solutions, Inc. (Firm/Company)
202 Calle del Juego (Address)
San Clemente, CA 92672
(City/State and Zip code)
For further information concerning this matter, please call:
Lisa Miller at (949) 498-4301
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Pro-Tech Solutions, Inc. (Name of Corporation)
(Name of Corporation)
F01000005067
(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:
202 Calle del Juego PES 3 (Mailing Address)
(Mailing Address)
San Clemente, OA 92672Hg = I
San Clemente, OA 92672FFC TO STATE OF THE ST
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a (Date)
receiver or other court appointed fiduciary, by that fiduciary)
Donna L Hallisan CEO (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**