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SECRETARY OF STATE
ALLAHASSEE, FLORID,

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TOTAL WINE Software Congress True (Name of Corporation)
DOCUMENT NUMBER: F010000 5051
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person)
TOTAL WIRE SOFTERE COMPANY
44469 Town CENTER Way D-525 (Address)
(Address)  Falm DESELF CA 92260  (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
SAMES Myers at (760) 548-1132
(Name of Person) (Area Code & Daytime Telephone Number)

### 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

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67. 1

(Name of Corporation)
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FOX 00000 5091
(Document Number of Corporation (if known)
DE lacios E
(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:
Mailing Address)
(Mailing Address)
Palm Promo CA 92260 - RAI O City State /Zip)
(City/ State /Zip)
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 paceiver or other court appointed fiduciary, by that fiduciary)  (Date)
James A. Muss
Typed or printed name of person signing)  (Typed or printed name of person signing)  (Title of person signing)