F01000005802

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Superior Gallecies, Inc. (Name of corporation)
DOCUMENT NUMBER: F01000005802
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Biberrait (Name of Person)
Superior Galleriel, the (Firm/Company)
9478 W. Olympic Blvd. Ground Floor (Address)
Bereila Hills, CA 90212 (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (310) 432-4543 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

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

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

Superior Gallerier To (. (Name of Corporation)	
FOLODOOSSOZ (Document Number of Corporation (if known)	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and he voluntarily surrenders its authority to transact business or conduct affairs in Florida.	ereby
This corporation revokes the authority of its registered agent in Florida to accept service on its behal appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
Be(etly Hill (A 9021) The corporation agrees to notify the Department of State in the future of any change in its mailing address.	N E
Beferly HIV (A 9021) (City/ State/Zip)	· MAII:
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	એ
(Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary) (Date)	
(Typed or printed name of person signing) Ch. f. F. ngn c. sl. Off. (A. of person signing)	स्

FILING FEE \$35