

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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**DISSOLUTION OR WITHDRAWAL
SILVERPLATTER INFORMATION, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

Withdrawal
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVERPLATTER INFORMATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

ERIN SANDERS

(Name of Person)

at (847

) 580-5045

(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

