POZUCKKOW

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2010 JUNI - 1 PH 12: 46

	,	:COVER LETTER	
	Committee of City	No.	
TO:	Division of Corporations	egenteas)	
SUBJ	_{IECT:} POZZI WINDOW CO	DMPANY	
		(Name of Corporation)	
DOC	UMENT NUMBER: F020000	00070	
The e	nclosed withdrawal application an	d fee are submitted for filing.	
	e return all correspondence concerni r to the following:	ng this	
	Brad Elam		
		(Name of Person)	
	JELD-WEN, inc.		
		(Firm/Company)	
***	401 HARBOR ISLES BL	LVD	
٠,٠;	्रिक्षि । १८५५ मध्य १५०० । स्वरूप १५ मध्य १५ १५ १५	(Address)	
1 41 4	KLAMATH FALLS, OR 97601		
	·	(City/State and Zip code)	
For fu	urther information concerning this m	atter, please cail:	
BRA	AD ELAM	at (541) 880-7205	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	MAILING ADDDESS.	CTDEET ADDDECC.	

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

POZZI WINDOW COMPANY		_
(Name of Corporation)	
F0200000070	20	
(Document Number of Corporation	n (if known)	
Oregon	for the second	§. *
(Incorporated Under Laws	s of) PH 12:	
This comments is not become any and the state of the stat		
This corporation is no longer transacting business or conducting	affairs within the State of Floriday	and hereby
voluntarily surrenders its authority to transact business or conduct	anairs in Fiorida.	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Fl	ss based on a cause of action arising	
The following is a current mailing address for the corporation:		
401 HARBOR ISLES BLVD		
(Mailing Address)		_
KLAMATH FALLS, OR 97601		
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the fur	ture of any change in its mailing add	dress.
Rheilstuart	5/24/10	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
R. NEIL STUART	VICE-PRESIDENT	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35