# F02000000333

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		;
<u></u>		

Office Use Only



700097594357

04/27/07--01017--028 \*\*35.00

SECRÉTANT OF STATE

OT FER 27 AICID: L

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: ART PLUS TECHNOLOGY, IMC. (Name of Corporation)		
DOCUMENT NUMBER: F0200000 233		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARILY NN BRIGHT (Name of Person)		
MRT PLUS TECHMOLOGY, INC (Firm/Company)		
186 LIMCOLM ST STIFFL		
(Address)		
Boston, MA 02111		
(City/State and Zip code)		
For further information concerning this matter, please call:		
MM RRIGHT at (61) 967 1681		
(Name of Person) (Area Code & Daytime Telephone Number)		

### **MAILING ADDRESS:**

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

A SECTION OF THE

### **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

/TRT PLUS TECHNOLOGY, IMC. (Name of Corporation)
(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 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:
- ISU LIMCOUM ST STIFFU (Mailing Address)
Bos Tom, M OQ III  (City/ State /Zip)  RECRET REPRESENTATION  FOR STATE OR
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 receiver or other court appointed fiduciary) by that fiduciary)  (Date)
X 5. Elizabeth Tindley X Executive Vice President (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35