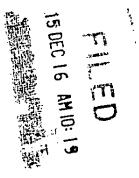
## F0200000825

(Re	equestor's Name)	
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## **COVER LETTER**

		4	
TO: Amendment Section Division of Corporations		A DO	
Catata Dlampina /	Advisors II	nc Sala	
	(Name of Corpora		
E020000	•		
DOCUMENT NUMBER: 1 02000	700020		
The enclosed withdrawal application and fe	ee are submitted fo	or filing.	
Please return all correspondence concerning matter to the following:	this		
Todd Heckman			
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·	
Northeast Financial Group Inc.			
	(Firm/Company)		
1717 Indian River E	3lvd. Suite	301	
	(Address)		
Vero Beach, FL 329	960		
(Ci	ity/State and Zip co	ode)	
For further information concerning this matter	er, please call:		
Todd Heckman	<sub>at (</sub> 772	567-7970 X 102	
(Name of Person) Enclosed is a check for the amount:		Code & Daytime Telephone Number)	
\$35 Filing Fee \( \sum \)\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301	

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

Estate Planning Advisors Inc	•
(Name of Corporation	n)
F02000000825	
(Document Number of Corporation	on (if known)
New Jersey	O T
(Incorporated Under Law	vs of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	g affairs within the State of Florida and hereby ct affairs in Florida.
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of pro the time it was authorized to transact business or conduct affairs	cess based on a cause of action arising during
The following is a current mailing address for the corporation:	
C/O Todd Heckman 1717 Indian	River Blvd. Ste. 301
(Mailing Address)	
Vero Beach FI 32960	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
Sall labor	12-14-15
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Todd Heckman	President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**