F02000002576

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (idaless) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/06/05--01028--007 **35.00



TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|------------------|--|--|
| SUBJECT: BRADLE | DEVELOPMENT, INC | | |
| (Name of corporation) | | | |
| DOCUMENT NUMBER: | F02000002576 | | |
| The enclosed withdrawal application and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| ROBERT W. DOWNEY, CPA | | | |
| (Name of Person) | | | |
| MILLER DOWNEY SPEVAK KAFFENBERGER | | | |
| (Firm/Company) | | | |
| | | | |
| 2 PENN CENTER PLAZA, SUITE 400 | | | |
| (Address) | | | |
| · | | | |
| PHILADELPHIA, PA 19102 (City/State and Zip code) | | | |
| (City/State and Zip code) | | | |
| For further information concerning this matter, please call: | | | |
| ROBERT W. DOWNEY, CPA | at 215-564-1300 | | |
| (Name of Person) (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

| BRADLEY DEVELO | PMENT, INC |
|---|---|
| (Name of Corpora | ation) |
| F0200000 | 2576 |
| (Document Number of Corpor | ration (if known) |
| DELAWAR | E |
| (Incorporated Under | Laws of) |
| This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders. | |
| This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of pr time it was authorized to transact business or conduct affairs | ocess based on a cause of action arising during the |
| The following is a current mailing address for the corporation | ı: |
| P.O. BOX 1: | |
| (Mailing Addre | AHE T |
| NAPLES, FL | 34109 |
| (City/ State /Z | 34109 SECULORIDE FLORIDE |
| The corporation agrees to notify the Department of State in the | ne future of any change in its mailing address. |
| * Soulle Sum | x 5-1-05 |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) |
| G. JAY JOHNSON | VICE-PRESIDENT |
| (Typed or printed name of person signing) | (Title of person signing) |

FILING FEE \$35