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TO:	Amendment Section	
	Division of Corporations	

SUBJECT: Franchise Portfolio 1, 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:

Linda	Seuferi	t

CI'f Group Inc.

(Firm/Company)

1 CIT Drive

(Address)

(Name of Person)

Livingston, New Jersey 07039

(City/State and Zip code)

For further information concerning this matter, please call:

Linda Scufert	973 740-5000
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	· · ·

\$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed) Enclosed)

> 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

F1.032 - U1/13/2013 Wettern Klower Online

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

Franchise Portfolio 1,	Inc.	
••••••••••••••••••••••••••••••••••••••	(Name of Corporation)	
F02000003472		
	(Document Number of Corporation (if known)	
Delaware		PRIDE E
	(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:

CIT Group Inc., Logal Department, 1 CIT Drive

(Mailing Address)

Livingston, New Jersey 07039

(Clty/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signaryte of a directif, president of citief officer - if with a hands of a receiver or other court appointed fiduciany, by that fiduciary)

Linda Scufort

(Typed or printed name of person signing)

Assistant Vice President/Assistant Secretary

(Title of person signing)

(Dute)

02/04/2013

FILING FEE \$35