# F02000003749

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	, ,
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/Shata/7in/Dhone th
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Orty/State/Lip/+ Horie #)
.  (Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
.  (Document Number)  Certified Copies Certificates of Status	
Certified CopiesCertificates of Status	(Business Entity Name)
Certified CopiesCertificates of Status	•
Certified CopiesCertificates of Status	(Document Number)
	,
	Contified Copies Cartificates of Status
Special Instructions to Filing Officer:	Certified Copies
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



900079860389

09/19/06--01042--001 \*\*35.00

OGSEP 19 AM 8: 22

withdr.
G. Coulliance SEP 2 0 2006

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Advanced Academics, Inc. (Name of Corporation)
DOCUMENT NUMBER: 1000003749
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Arthur C. Rahill Sr., CPA
(Name of Person)
Wodel Rahill + Associates CPA'S PIC (Firm/Company)
5901 N. Western, Suite 301 (Address)
CKlaromo City, CK 73118 (City/State and Zip code)
For further information concerning this matter, please call:
Arthur C. Rahill Sr. at (405) 840-3662
(Name of Person) (Area Code & Daytime Telephone Number)

#### **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

Advanced Academics, Inc. Es &
(Name of Corporation)  FORCO 3410  (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:
100 E. California quite 200
Ohlahoma City OK 7-3104
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)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35