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SECRETARY OF STATE
TALLAHASSEF F STATE





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Crescent Cruise lines Inc With drawal (Name of corporation) as foreign Cor
DOCUMENT NUMBER: F2020000 4537
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas J. Leslie (Name of Person)
Crescent Cruse lines (Firm/Company)
(Firm/Company)
40 Maple grove Drive (Address)
(Address)
Pittsfield MA 01201 (City/State and Zin code)
(City/State and Zip code)
For further information concerning this matter, please call:
Thomas J-Leslie at 800, 203-6178
(Name of Person) at (800) 203-6178 (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 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

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and

FO 200004537
(Document Number of Corporation (if known)

New York State (Incorporated Under Laws of)

voluntarily surrenders its authority to transact business or conduct affairs in Florida.

time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
Pa 4263	
(Mailing Address)	
Harmoon Dy 12065 Harmoon Dy 12065 City/ State /Zip)	magang .
(City/ State /Zip)	=
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 bands of a (Date)	
Signature of a director, president or other officer - if in the hands of a (Date) receiver or other court appointed fiduciary, by that fiduciary)	
Thomas J-Leslie President (Typed or printed name of person signing) (Title of person signing)	
(Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35