## F02000004013

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Midhdrawal

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
	•	•		
SUB	JECT: Accelerated Revenue, Inc.	(Name of Corporation	)	
DOC	UMENT NUMBER: <u>F02000004673</u>			
	enclosed withdrawal application and se return all correspondence concerni			
	Tronda M. Hontz			
	<u> </u>	(Name of Person)		
	Accelerated Revenue, Inc.			
		(Firm/Company)		
	4016 North Hampton Drive			
		(Address)		
	Powell OH 43065			
	(1	City/State and Zip code)	•	
For fi	urther information concerning this ma	tter, please call:		
Trond	la M. Hontz	at (614 )78	9.3484	
Enclo	(Name of Person) osed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)	
<b>⊠</b> \$3	35 Filing Fee \$\sum \$\\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	□\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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	

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

Accelerated Revenue, Inc.	
(Name of Corporation)	9 15
F02000004673	(if known)
(Document Number of Corporation	(if known)
Ohio (Incorporated Under Laws of	of)
(theorporated Order Laws)	or)
This corporation is no longer transacting business or conducting a	ffaire within the State of Florida and harehy
voluntarily surrenders its authority to transact business or conduct is	
ordinarily surrollades its dutilotty to dutilode business of conduct	arians in Florida.
This corporation revokes the authority of its registered agent in	Florida to accept service on its behalf and
ppoints the Department of State as its agent for service of proce	
he time it was authorized to transact business or conduct affairs in	
The following is a current mailing address for the corporation:	
4016 North Hampton Drive	
(Mailing Address)	
Powell OH 43065	
(City/ State /Zip)	
(City) Suite (Zip)	
The corporation agrees to notify the Department of State in the futi	ure of any change in its mailing address
Sopration of State in the last	are or any enange in its maning address.
	14 14 52532
	<u> </u>
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
	President
Lee B. Jacobs, Jr.  (Typed or printed name of person signing)	
(1) yped or printed name of person signing)	(Title of person signing)

FILING FEE \$35