# F020004726

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#### **COVER LETTER**

TO: Amendment Section					
Division of Corporations					
SUBJECT: MAX STAF, INC.  (Name of Corporation)					
DOCUMENT NUMBER: F02000004726					
The enclosed withdrawal application and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Max Stinson					
(Name of Person)					
MAX STAF, INC					
(Firm/Company)					
225 Broad Street, Suite 200					
(Address)					
Gadsden, AL 35901 (City/State and Zip code)					
(Oity/State and Esp code)					
For further information concerning this matter, please call:					
<u>Max Stinson</u> at (256 )549-0690					
(Name of Person) (Area Code & Daytime Telephone Number)					

### **STREET ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### **MAILING 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

MAX S	STAF, Inc.				_
		(Name of Corporation)			
F0200	00004726 (Docume	ent Number of Corporation (	if known)		_
Alaba		Incorporated Under Laws o	.n		_
	'	micorporated Officer Laws o	o1)		
voluntarily surrenders it This corporation revok	s authority to transa	usiness or conducting at ct business or conduct a its registered agent in it for service of process	ffairs in Florida. Florida to accept se	ervice on its b	ehalf and
		or conduct affairs in Flor		Ü	Ŭ
The following is a curre	nt mailing address f	•		06 APR SEURE TALLAH	ZMETUTE
	.oau Street,	(Mailing Address)		SS 3	
Gadsde	en, AL 35901	(City/ State /Zip)		PM 1: 12 Y UF STATE EE. FLORID	. T
M	Q (M)	nent of State in the futur	re of any change in it  April 11, 2	ts mailing add	ress.
Max Stinso			Secr/Tres (Title of pa	erson signing)	

FILING FEE \$35