

# F020000005118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

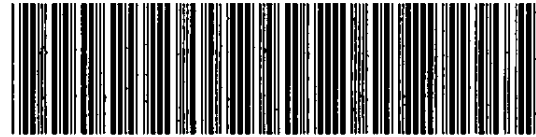
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2008 JUL 18 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdrawal

TB

7/22/08

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Custom Capital Corp.  
(Name of corporation)

**DOCUMENT NUMBER:** F02000005118

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Frank Lewkowitz  
(Name of Person)

Custom Capital Corp.  
(Firm/Company)

10 Pirates Cove  
(Address)

Massapequa, New York 11758  
(City/State and Zip code)

For further information concerning this matter, please call:

Frank Lewkowitz at ( 516 ) 799-1158  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
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.**

Custom Capital Corp.  
(Name of Corporation)

F02000005118  
(Document Number of Corporation (if known))

New York  
(Incorporated Under Laws of)

FILED  
2008 JUL 18 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

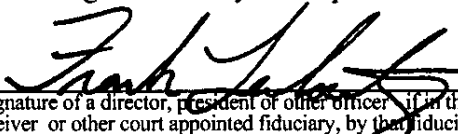
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

10 Pirates Cove  
(Mailing Address)

Massapequa, New York 11758  
(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 hands of a receiver or other court appointed fiduciary, by that fiduciary)

07/15/2008

(Date)

Frank Lewkowitz

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**