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:	ca, Inc. SW 112th Lane FL 34476
	Address)
	Address) City/State/Zip/Phone #)
[WAIT MAIL
	Business Entity Name)
	Document Number)
Certified	Certificates of Status
Special	to Filing Officer:
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TRANSMITTA $\bar{\mathbf{L}}$ LETTER

Amendment Section	· ··
Division of Corporations	. '
ECT: CARVICA INC. (Name of co	-
(Name of co	orporation)
<u>,</u>	=
MENT NUMBER: F020000	<u> </u>
	*
closed withdrawal application and fee ar	e submitted for filing.
return all correspondence concerning this	·
to the following:	
	** -
CAPAL C TOURS	<u>≅</u>
CAROLE JEWKES	
(Name of Person)	
	- ·
CARVICA INC	
(Firm/Company)	-
	
926 SW 112 TM LANE (Address)	_
(Address)	
	-
YNIA FL ZUUTI	-
(City/State and Zip code)	- -
(City/State and Exp code)	
than in Commention, companying this most on all	3n page cells
ther information concerning this matter, pl	lease can.
CARRIE SELVICES	at (352) 854-7643
(Name of Person)	(Area Code & Daytime Telephone Number)
(Name of Person)	_(Area Code & Daytime Telephone Number)
	•* -
ET ADDRESS:	MAILING ADDRESS:
lment Section	Amendment Section
in of Corporations	Division of Corporations
Gaines St.	P.O. Box 6327
issee, FL. 32399	Tallahassee, FL. 32314
10000, PL. J2J77	

LICATION BY FOREIGN CORPORATION FOR WITHDRAWAL AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORTDA

-

CARVICA, INC. (Name of Corporat		
(Name of Corporati	tion)	
·		
ILLINOIS, USA.		
/LLINOIS, USA. (Incorporated Under I	Laws Of)	

<u>سب</u> -ميج		
rporation is no longer transacting business or co		ı
eby voluntarily surrenders its authority to transa	act business or conduct affairs in Florida.	
<u>क</u> -		
rporation revokes the authority of its registere	ed agent in Florida to accept service on its	3
and appoints the Department of State as its ager	nt for service of process based on a cause of	£
rising during the time it was authorized to trans		
lowing is a current mailing address for the corpo	oration:	
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<u> </u>	O3	
7926 SW //2 TH LANE (Mailing Address	rc	city of
(Mailing Addres	MAR 25 RETARY AHASSE	- B
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;	SE 25	1
SCALA, EL. 34476	mg _	П
City/ State /Zi	P) FLOR	Sharma To
-	ST ST	•
	DF 38	
poration agrees to notify the Department of Sta		
	we are required or may entering in the rethings	,
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——————————————————————————————————————		
pature of the chairman of vice chairman of the board,	DENT 3/24/03	
nature of the chairman of vice chairman of the board, sident, or any officer, or if the corporation is in the hands viver, trustee, or other court-appointed fiduciary, by that fi	of a	
CAROLE JEWKES	3/24/03	
ped or printed name	Date	