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## CAMPBELL AND KARLIK, P.A.

ATTORNEYS AT LAW

3450 NORTHLAKE BOULEVARD SUITE 200 PALM BEACH GARDENS, FLORIDA 33403 TELEPHONE: (561) 625-5220 TELEFAX: (561) 625-5201

DIANE L. KARLIK

CARL L. CAMPBELL (RETIRED)

January 23, 2007

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

IN RE: Amendment Section

Division of Corporations

ARS GRAFICA, INC.

Document Number: F03000000785

Dear Sir or Madame:

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane L. Karlik Campbell and Karlik, P.A. 3450 Northlake Boulevard Suite 200 Palm Beach Gardens, FL 33403

For further information concerning this matter, please call: Diane L. Karlik at (561) 625-5220.

Very truly yours

liane I Karvik

DLK/jsb

cc: ARS Grafica, Inc.

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

	ARS GRAFICA, INC.		
_	(Name of C	orporation)	
	F0300000785		SECO
_	(Document Number of C	Corporation (if known)	N 29 HASSI
	CONNECTICUT		Fig. 32 M
<del></del>	(Incorporated U	Inder Laws of)	3: I
This corpor voluntarily	ration is no longer transacting business or co surrenders its authority to transact business or	nducting affairs within the State r conduct affairs in Florida.	of Florida and hereby
appoints the	ration revokes the authority of its registered e Department of State as its agent for service authorized to transact business or conduct aff	of process based on a cause of a	
The followi	ing is a current mailing address for the corpor	ation:	
			•
	25 St. Thomas Drive		
	(Mailing A	Address)	
	Palm Beach Gardens, FL 33418 (City/Sta	to /7in)	
	(City) Sta	te /2ip)	
The corpora	ation agrees to notify the Department of State	in the future of any change in its	s mailing address.
(Sign rece	nature of a director, president or other officer · if in the hands viver of other court appointed fiduciary, by that fiduciary)	1/24/0- (Dar	e)
	hopen	Prosiden	. <del>+</del>
000	(Typed or printed name of person signing)	(Title of pe	rson signing)
V/I	NCENT CASSANETTI		

FILING FEE \$35