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COVER LETTER

Progka Franchica Corporation		
SUBJECT: Brooke Franchise Corporation		
(Name of Corporation)		
DOCUMENT NUMBER: F0300001000		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Christie Smoyer		
(Name of Person)		
Polsinelli, Shalton, Flanigan, Suelthaus, P.C.		
(Firm/Company)		
700 W. 47th Street, Suite 1000		
(Address)		
Kansas City, MO 64112		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Christie Smoyer at (816) 572-4477		
(Name of Person) (Area Code & Daytime Telephone Number)		

MAILING ADDRESS:

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

STREET 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

Brooke Franchise Corporation

(Name of Co	rporation)
	The Care
F0300001000	SEF
(Document Number of Co	orporation (if known)
Missouri	ORIDATE:
(Incorporated Ur	nder Laws of)
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or This corporation revokes the authority of its registered	conduct affairs in Florida. agent in Florida to accept service on its behalf and
appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affa	
The following is a current mailing address for the corpora	tion:
8500 College Blvd.	
(Mailing A	ddress)
Overland Park, KS 66210	
(City/ Stat	e /Zip)
The corporation agrees to notify the Pepartment of State in (Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	Le FEB. 6, 2008
Michael D. Sell	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35