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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: TERREN ENTERPRISES, INC. (Name of corporation) |
| |
| DOCUMENT NUMBER: <u>FO 300000/193</u> |
| The enclosed withdrawal application and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Person) |
| · |
| TERREN ENTERPRISES, TNC (Firm/Company) |
| Po Box 910905 (Address) |
| |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Tames Nowak at (988) 6349787 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Amendment Section Amendment Section |

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 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

| TERREN ENTERPRISES, INC. (Name of Corporation) |
|--|
| (Name of Corporation) |
| (Document Number of Corporation (if known) TNDIANA (Incorporated Under Laws of) |
| (Document Number of Corporation (If known) |
| (Incorporated Under Laws of) |
| (Incorporated Under Laws of) |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and herel 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 at 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: |
| Pο Βοχ 910905 (Mailing Address) |
| LEXINGTON, KY 40591 (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 virector, president or other officer - if in the hands of a (Date) |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date) |
| JAMES E Noward Programme of person signing) (Typed or printed name of person signing) (Title of person signing) |
| LEVICO DE OFICIER DADE OF DESON SIGNING! |

FILING FEE \$35