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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DEBLON OF NEW TOLL  (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER: F030000 220(
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
(Firm/Company)
(Firm/Company)
Po Box 96855
(Address)
(Address)  (Address)  (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Amendment Section  Division of Corporations  MAILING ADDRESS:  Amendment Section  Division of Corporations

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

DEBLONDE NEVAGA. IN.
(Name of Corporation)
(Document Number of Corporation (if known)  NEVADA
(Incorporated Under Laws of)
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:  (Mailing Address)
(City/State/Zip) 89193-6865
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)  (Date)
C. Wile of printed name of person signing)  (Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35**