## F03000002592

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Varchi Cor (Name of corporation)	D	
(Name of corporation)		
DOCUMENT NUMBER: F0300000 25	592	
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)		
1.0. Box 23351 (Address)		
(Address)		
Tampe, FL 33623-3351 (City/State and Zip code)		
For further information concerning this matter, please call:		
Name of Person) at (866) (Area Code	690-5000	
(Name of Person) (Area Code	e & Daytime Telephone Number)	
Amendment Section Division of Corporations	MAILING ADDRESS: Amendment Section Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	

Tallahassee, FL. 32399

Tallahassee, FL. 32314

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

AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA
(Name of Corporation)
(Name of Corporation)
FO30000 2592 (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 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)
The following is a current mailing address for the corporation:  P.O. Box 23351  (Mailing Address)  Tampa  (City/ State /Zip)  To provide the corporation:  ARR HE CONTROLL TO THE CONTROLL TO
(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 director, 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)
Bruce Pieper  (Cyped or printed name of person signing)  (Cittle of person signing)
(Typed or printed name of parson signing)

**FILING FEE \$35**