## F03111000001

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)·
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Carabetta Management Co.			
(Name of Corporation)			
DOCUMENT NUMBER: F03000002961			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Sadia Hodza			
(Name of Person)			
Carabetta Organization			
(Firm/Company)			
200 Pratt Street			
(Address)			
Meriden, CT 06450			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Sadia Hodza at ( 203 ) 639-5198			
(Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

Carabetta Management Co.	
(Name of Corporation	9)
F03000002961	
(Document Number of Corporation	n (if known)
Connecticut	700
(Incorporated Under Law	s of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	affairs within the State of Florida and hereb t affairs in Florida.
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F.	ss based on a cause of action arising during th
The following is a current mailing address for the corporation:	
200 Pratt Street	
(Mailing Address)	
Meriden, CT 06450	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	iture of any change in its mailing address.
Sulled	6/4/09
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Salvatore R. Carabetta	Vice President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**