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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FAMILY ABSTRACT, INC. (Name of Corporation)
DOCUMENT NUMBER: WITHDRAWL
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NAOINE ESPOSITO (Name of Person)
(Name of Person)
FAMILY ARSTRATE INC
FAMILY ABSTRACT, INC. (Firm/Company)
1404 EASTON ROAD SUITE 100
(Address)
HORSHAM, PA 19044
(City/State and Zip code)
For further information concerning this matter, please call:
None Transmission 193 -0212
NAOINE ESPOSITO at (215) 293-0212 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:
\$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O: Box 63272661 Executive Center CircleTallahassee, FL.32314Tallahassee, FL. 32301

Tallahassee, FL.32314

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

	FAMILY	(Name of Corneration)	NC.	
		(Name of Corporation)		
	(Docume	ent Number of Corporation (if	known)	
		(Incorporated Under Laws of)		
		(incorporated Orider Laws or)	'	
	poration is no longer transacting bely surrenders its authority to trans			la and hereby
appoints	poration revokes the authority of the Department of State as its ag it was authorized to transact busin	ent for service of process	based on a cause of action a	
The follo	owing is a current mailing address	•		
	1424	EASTIN R	DAO, SUITE !	00
	HORSH	City/ State /Zip)	2044	MAR -7
The corp	oration agrees to notify the Depar	tment of State in the futur	re of any change in its mailing	ੁੱਛੇ ਹੈ ਜ਼ਿਲ੍ਹੇ gaddfess.
	Signature of a director, president or other officereceiver or other court appointed fiduciary, b	\triangleleft	2/27/2014 (Date)	
	NADINE ESPOS (Typed or printed name of person sign	ol TO	VP TREASUR	REC.