## F8300004596

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2012 JAN 13 PM 12: 34



## **COVER LETTER**

	O: Amendment Section Division of Corporations				
SUBJECT: North American Marketing Enterprises, Inc.					
		(Name of Corpo	oration)		
DOCUM	IENT NUMBER: F0300	00004596			
The enclo	osed withdrawal application and	fee are submitted	for filing.		
	turn all correspondence concernin the following:	g this			
Volker Natorp					
	(Name of Person)				
	North American Market	ing Enterprise	es, Inc.		
-		(Firm/Company	y)		
	PO Box 673				
-		(Address)			
Fairfield, CT 06824					
(City/State and Zip code)					
For furthe	er information concerning this ma	tter, please call:			
	Volker Natorp	at ( 203	<sub>)</sub> 256-1863		
	(Name of Person)		a Code & Daytime Telephone Number)		
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

_	North American Marketing Enterprises, Inc.	
	(Name of Corporation)	2012 JAN 13 SECRETARY
	F0300004596	
-	(Document Number of Corporation (if known)	SSEE. F
	Connecticut	PM 12:35
<del>-</del>	(Incorporated Under Laws of)	10 P
	oration is no longer transacting business or conducting affairs within the Sy surrenders its authority to transact business or conduct affairs in Florida.	tate of Florida and hereby
appoints the	oration revokes the authority of its registered agent in Florida to accept the Department of State as its agent for service of process based on a cause as authorized to transact business or conduct affairs in Florida.	
The follow	ving is a current mailing address for the corporation:	
_	PO Box 673	
	(Mailing Address)	
_	Fairfield, CT 06824	
	(City/ State /Zip)	
(Sis	gnature of a director, president or other officer - if in the hands of a cheiver or other court appointed fiduciary, by that fiduciary)	n its mailing address.  284 944 2012  (Date)
		sident
	(Typed or printed name of person signing) (Title of	of person signing)

**FILING FEE \$35**