

F030000004834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900029796579

Withdrawn

03/08/04--01064--014 **35.00

FILED
04 APR 14 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X00789, 00524, 00672



225 SOUTH ADAMS STREET
SUITE 250
P.O. BOX 10369
TALLAHASSEE, FL 32302-2369
850.222.7718 MAIN
850.222.8222 FAX
kbplante@ralaw.com

March 8, 2004

Via Hand Delivery

Our File No.: 111522-0001

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for filing, please find APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOR ALIEN BUSINESS ORGANIZATION, along with a check in the amount of \$35.00 for the applicable filing fees for the following entity:

Robert Trown & Associates, Inc.
Document Number: F03000004834

Upon receipt, please "date stamp" the copy of this letter provided. Thank you for your assistance in this matter.

Very truly yours,



Kelly B. Plante

KBP/amc
Enclosures

22833_1



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April 14, 2004

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301
ATTENTION: Ms. Annette Ramsey

Via Hand Delivery

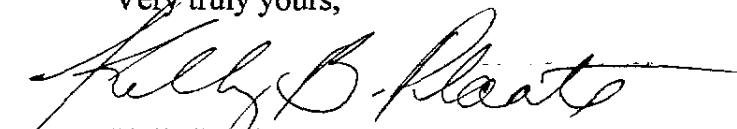
Dear Ms. Ramsey:

Enclosed for filing, please find the **APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA** together with your letter dated March 11, 2004, rejecting the previously filed withdrawal form for the following entity:

Robert Trown & Associates, Inc.
Document Number: FO3000004834

You retained the original filing fee of \$35.00. Upon receipt, please "date-stamp" the copy of this letter provided and call Ann Cotroneo at 222-7718 if anything further is required. Thank you for your assistance in this matter.

Very truly yours,



Kelly B. Plante

KBP/amc
Enclosures

111522.0001
23266_1



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 11, 2004

Kelly B. PLante, Esq.
Roetzel & Andress, P.A.
P.O. Box 10369
Tallahassee, FL 32302-2369

SUBJECT: ROBERT TROWN & ASSOCIATES, INC.
Ref. Number: F03000004834

We have received your document for ROBERT TROWN & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You will need to file a withdrawal of authority form for a foreign corporation instead of this form since the corporation is a Colorado corporation not an alien business organization. I have enclosed the correct form for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 704A00016422

Call when Ready

RECEIVED
04 APR 14 AM 10:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

222-7718

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

Robert Trown & Associates, Inc.
(Name of Corporation)

F03000004834
(Document Number of Corporation (if known))

Colorado
(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.

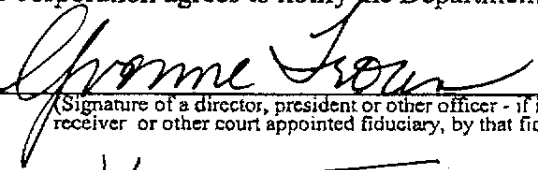
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

P.O. Box 6820 - Snowmass Village, CO 81615
(Mailing Address)

Snowmass Village, CO 81615
(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 receiver or other court appointed fiduciary, by that fiduciary)

4-8-04
(Date)

YVONNE TROWN
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

FILING FEE \$35