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| (Requestor's Name)                      |
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| (Address)                               |
| (Address)                               |
| ,                                       |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations                               |   |
|--|---|
| SUBJECT: STARLIFT LOGIST (Name of corp.)                                     | oration)  |
| DOCUMENT NUMBER: \$\sum_{0300000 4543}\$                                     |   |
| The enclosed withdrawal application and fee are so                           | ubmitted for filing.  |
| Please return all correspondence concerning this matter to the following:    |   |
| MCRY FOSSE (Name   | of Person)  |
| Mary Fosse (Name<br>STARLIFT LOGIST/<br>(Firm/                               | Company)  |
| BH CON STORECT (AC   | ldress)   |
| Forling Tool (City/State   | and Zip code)   |
| For further information concerning this matter, please                       | se call:  |
| Menyl Forte at (Name of Person)  | (Area Code & Daytime Telephone Number)                                    |
| STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 |
|  | a - o r are verify  |

Tallahassee, FL. 32314

Tallahassee, FL. 32399

| APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLOREIA   |
|---|
| STARLIFT LOGISTICS INC. (Name of Corporation)   |
| (Document Number of Corporation (if known)  |
| (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:   |
| 84 COTT STREET (Mailing Address)  |
| Quington (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)   |
| Ment Fosse Conspoller   |

FILING FEE \$35