F03000004908

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TRANSMITTAL LETTER

	Amendment Section Division of Corporation	s		
	Division of corporation			
SUBJE	CCT:	EPIXTAR FINANCIA		
		(Name of corpora	ion)	
DOCU	MENT NUMBER:	F03000004908		
The end	closed withdrawal app	lication and fee are sub	itted for filing.	
	return all correspondence to the following:	e concerning this		
	I	DEBORAH GAMBONE,	ORPORATE COUNSEL	
		(Name of	Person)	
		EPIXTAR FINA	CIAL CORP.	
		(Firm/Co	npany)	
	,	.1900 BISCAYNE BOUL	VARD SHITE#262	
		(Add		
		MIAMI, FLO		
		(City/State ar	l Zip code)	
For fur	ther information concer	ning this matter, please	all:	
	DEBORAH GAMB	ONE at (305) 503-8645	
	(Name of Perso	n)	(Area Code & Daytime Tele	ephone Number)
	STREET ADD Amendment Se Division of Cor 409 E. Gaines S Tallahassee, FL	etion porations it.	MAILING ADI Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL.	tion orations

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

EPIXTAR FINANCIAL CORP.

(Name of Corporation)
F03000004908
(Document Number of Corporation (if known)
DELAWARE
(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:
11900 BISCAYNE BOULEVARD, SUITE # 262
(Mailing Address)
MIAMI, FLORIDA 33181
(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 of other officer - if in the hands of a receiver or other court appointed friduciary, by that fiduciary)
WILLIAM D. RHODES, JR. (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35