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APPROVES

## **COVER LETTER**

SUBJECT: Better Business Syster	ns. Inc.
	(Name of Corporation)
DOCUMENT NUMBER: F030000052	297
The enclosed withdrawal application and fe	an are submitted for filing
The enclosed withdrawar apprecation and re	se are submitted for iming.
Please return all correspondence concerning to the following:	this
Renee Mion	
	(Name of Person)
Better Business Systems,	Inc.
-	(Firm/Company)
PO Box 81590	
	(Address)
Billings, MT 59108	
	ty/State and Zip code)
•	• ,
For further information concerning this matte	r, please call:
Renee Mion	at ( 406 ) 255-7470
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
	2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

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

Better Business Systems, Inc.		
(Name of Corp	oration)	
F0300005297		
(Document Number of Cor	poration (if known)	
Montana		
(Incorporated Und	er Laws of)	
This corporation is no longer transacting business or cond voluntarily surrenders its authority to transact business or conditions. This corporation revokes the authority of its registered a appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affair	onduct affairs in Florida.  gent in Florida to accept service on its beha process based on a cause of action arising duri	alf and
The following is a current mailing address for the corporati	on:	
PO Box 81590	TAL :	11 FE
(Mailing Add	ASSET L	FEB 28 AM
(City/ State	Zip)	Fill: 52
The corporation agrees to notify the Department of State in	the future of any change in its mailing address	<b>3.</b>
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	02/26/11 (Date)	<del></del>
	Director	
Donald P. Reile	Director	

FILING FEE \$35

(Typed or printed name of person signing)

(Title of person signing)