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### **COVER LETTER**

то:	Amendment Section Division of Corporations					
SUBJI	ECT: PREFERILED COMMUNICATIONS CORP.					
(Name of Corporation)						
DOCU	MENT NUMBER: F 03000006311					
The en	closed withdrawal application and fee are submitted for filing.					
	return all correspondence concerning this to the following:					
	Diva Magilliaan  (Name of Person)  Preferred Communications Corp.  (Firm/Company)					
	(Name of Person)					
	Preferred communications Corp.					
(Firm/Company)						
	22 Clinton Avenue (Address)					
(Address)						
	Valley Stream NY 11580 (City/State and Zip code)					
(City/State and Zip code)						
	ther information concerning this matter, please call:  ONAVCIO PROVINO at (516) (679-2600)					
	(Name of Person) at (516) 679-2600 (Area Code & Daytime Telephone Number)					

## STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### **MAILING 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

(Name of Corporation)

CORP.

PREFERRED

(Document Number of Corporation (if known)	wn)
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs voluntarily surrenders its authority to transact business or conduct affairs	
This corporation revokes the authority of its registered agent in Floridappoints the Department of State as its agent for service of process based time it was authorized to transact business or conduct affairs in Florida.	on a cause of action arising during the
The following is a current mailing address for the corporation:	05 N
22 CLINTON AVENUE (Mailing Address)	OS NOV TALLAMASSEE, FLORIDO
Valley Stream NY 11580 (City/State/Zip)	EF POR
The corporation agrees to notify the Department of State in the future of	P
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	11-08-05 (Date)
	Resident
Brett Corvino (Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**