F0300006437

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Private Screening, Inc.	
	ne of Corporation)
DOCUMENT NUMBER: F03000006437	
The enclosed withdrawal application and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Gary Conner	
(Nan	ne of Person)
Private Screening, Inc.	
(Fігг	n/Company)
PO Box 217	
; (Address)
Malverne, NY 11215	
	ite and Zip code)
For further information concerning this matter, ple	ease call:
Gary Conner	_{t (} 516) 596-1673
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Compositions	Division of Commonstinus

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ja ja kika nima sa Talihan sa

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

Private Screening, Inc. (Name of Co	orporation)	
F03000006437		
: (Document Number of C		
•	is the structure of the second	
New York	and the second of	
(Incorporated U	nder Laws of)	
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business of This corporation revokes the authority of its registered appoints the Department of State as its agent for service time it was authorized to transact business or conduct aff. The following is a current mailing address for the corporation PO Box 217 (Mailing A	r conduct affairs in Florida. I agent in Florida to accept se of process based on a cause of a lairs in Florida.	rvice on its behalf and
Mohama NV 11215	10 Per 1 P p +	E OF
Malverne, NY 11215 (City/ Sta	ate /Zip)	3: 23 LORIOP
The corporation agrees to notify the Department of State	in the future of any change in i	ts mailing address.
(Signature of a director, president or other officer - if in the hands received or other court applointed fiduciary, by that fiduciary)	of a 12/6	o g
Gary Conner (Typed or printed name of person signing)	Pose process	t u >

FILING FEE \$35