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Office Use Only



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SECRETARY OF STATE

withdrawal

COVER LETTER

Division of Corpor	
SUBJECT:	SOUTHEXUSA INC
:	(Name of Corporation)
DOCUMENT NUMBER	:F0400000621
The enclosed withdrawal	application and fee are submitted for filing.
Please return all correspon matter to the following:	dence concerning this
5	ANG VAN NGWEN
	(Name of Person)
: :	ANG VAN NGWEN (Name of Person) SOUTHEXUSA INC
	(Firm/Company)
1700	W. WATERS AVE (Address)
:	(Address)
TAMPA	4 FL 33604
,	(City/State and Zip code)
For further information co	ncerning this matter, please call:
SANG VAN NO	Guyen at (813) 784-6277
(Name of P	

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

	Southexusa INC (Name of Corporation)	
	(Name of Corporation)	
	010000000000000000000000000000000000000	
	O 4000006 d (Document Number of Corporation (if known)	
:	CA	
	(Incorporated Under Laws of)	
	longer transacting business or conducting affairs within the State of Florida and hits authority to transact business or conduct affairs in Florida.	iereb
appoints the Departmen	kes the authority of its registered agent in Florida to accept service on its behal nt of State as its agent for service of process based on a cause of action arising durin to transact business or conduct affairs in Florida.	
The following is a curr	ent mailing address for the corporation:	
ŧ		T
	700 W. WATERS AJE (Mailing Address)	
:	(Maning Address)	
To	700 W. WATERS AJE (Mailing Address) AMPA FL 33604 (City/ State /Zip)	C
	(City/ State /Zip)	
	→	
The corporation agrees	to notify the Department of State in the future of any change in its mailing address.	L.
· ·	<i>1 </i>	
(Signature of a directiver or other of	for, president or other officer life hands of a (Date) our appointed fifuciary, by that fiduciary)	
SANG	VAN NGWEN RES. rinted name of person signing) (Title of person signing)	
(Typed or pr	rinted name of person signing) (Title of person signing)	

FILING FEE \$35