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Widhdrawal CUS (104,15,10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CENTURY FORST PRODUCTS, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: F04000000723
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEORGE P. RAMSEY, III
(Name of Person)
CENTURY FOREST PRODUCTS, ILC. (Firm/Company)
(Firm/Company)
$\mathcal{P}.0.30 \times 118P8$ (Address)
(Address)
LYNCHBURG VA. 24506
$\angle Y \sim (HBURC, VA, 24506)$ (City/State and Zip code)
For further information concerning this matter, please call:
6EME P. RAMSEY. III at (434) 529-7443 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET 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)
(Name of Corporation) FOUNDATION (Name of Corporation) FOUNDATION (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
(Document Number of Corporation (11 known)
(Incorporated Under Laws of)
(mesipotaleti onder buris or)
This corporation is no longer transacting business or conducting affairs within the State of Florida and herekoluntarily 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 arappoints the Department of State as its agent for service of process based on a cause of action arising during the it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
POOK 11888 (Mailing Address)
(Mailing Address)
Ly \(\text{(HBURG, VA. 24506}\) (City/State/Zip)
(Oity/ 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 or other officer if in the hands of a receiver or other court appointed fiduciary by that fiduciary) (Date)
(Typed or printed name of person signing) PRESIDENT (Title of person signing)

FILING FEE \$35