# F0400001782

(Requestor's Name)				
•				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	_			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	tus			
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SECKETARY OF STATE
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#### **COVER LETTER**

TO:	Amendment Section Division of Corporatio	ns		
SUBJ	ECT:	Cecropia	, Inc.	
		(Name	of Corporation)	
DOC	UMENT NUMBER: _	F04	00001782	
The e	nclosed withdrawal app	olication and fee are su	abmitted for filing.	
	e return all corresponden r to the following:	_		
	•	Donna Gr	? PAThs	
(Name of Person)				
Name of Person)  Ce cropia, Inc  (Firm/Company)				
(Firm/Company)				
		57 Be	d ford Street, Snite 208	
		Lexingto	on, MH 02420	
		(City/State	and Zip code)	
For fu	orther information conce			
	Donna Grif	Fiths at (	781,862-6911 x226	
	(Name of Perso		(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)			
(Name of Corporation)			
F04000001782 5 7			
(Document Number of Corporation (if known)			
Dela vare			
(Incorporated Under Laws of)			
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily 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 and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:			
57 Bedford Street, Swite 208			
(Mailing Address)			
Lexington, MA 02420			
(City/ 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 (Date)			
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)			
DESMOND PIERI PRESIDENT			

**FILING FEE \$35** 

(Title of person signing)

(Typed or printed name of person signing)