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(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone		
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	nendment Section vision of Corporations			
SUBJECT	INANDIZ/TODO NAN	NAGEMENT	CORP.	
SUBJEC.	· ·	(Name of Corporation		
DOCUMI	ENT NUMBER: F040000	002151		
	sed withdrawal application and fe urn all correspondence concerning		-	
F	RAY S MOCK			
_		(Name of Person)		
RANDSTAD TAX SERVICES				
		(Firm/Company)		
150 PRESIDENTIAL WAY, SUITE 400				
_		(Address)		
1	WOBURN, MA 0180	1		
_	(Ci	ty/State and Zip code)	
For furthe	r information concerning this matte	er, please call:		
RAY S	S MOCK	at (781)2	213-1500	
Enclosed i	(Name of Person) is a check for the amount:	(Area Cod	le & Daytime Telephone Number)	
√ \$35 Fil	ing Fee \$\bigs\bigs\text{\$43.75 Filing Fee & Certificate of Status}	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301	

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

FILING FEE \$35

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