## F0400002928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FILED

Withdrawal LF 5-5-65

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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SUBJECT:	Smita Management Corporation
	(Name of corporation)
DOCUMENT NUMBER:	F0400002928

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan L. Murray

(Name of Person)

Smita Management Corporation (Firm/Company)

1201 25th Avenue, Suite 200

(Address)

Gulfport, MS 39501 (City/State and Zip code)

For further information concerning this matter, please call:

Lynn Watson	at (228) 864-9888 Ext. 217	
(Name of Person)	(Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

## **MAILING ADDRESS:**

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

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

Smita Management Corporation	
(Name of Corporation)	
F0400002928	THE REAL
(Document Number of Corporation (if known)	E Start
Mississippi	trion N
(Incorporated Under Laws of)	LORING LO

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:

1201 25th Avenue, Suite 200 (Mailing Address)

Gulfport, MS 39501 (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 of er - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Alan L. Murray

(Typed or printed name of person signing)

04/27/2005 (Date)

(Title of person signing)

Assistant Secretary

**FILING FEE \$35**