## F04000003267

| (Requestor's Name)                      |   |  |  |  |
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| (Address)                               |   |  |  |  |
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| (Address)                               |   |  |  |  |
|   |   |  |  |  |
| (City/State/Zip/Phone #)                |   |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |
|   |   |  |  |  |
| (Business Entity Name)                  |   |  |  |  |
|   |   |  |  |  |
| (Document Number)                       |   |  |  |  |
|   |   |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |
| ·                                       |   |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |
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withdr.
C.COULLIETTE

MAY 11 2009

**EXAMINER** 

## **COVER LETTER**

|                           | endment Section<br>vision of Corporations                   |                     |  |  |  |
|---------------------------|---|---------------------|--|--|--|
| SURJECT                   | T Baird and Associates                                      | <b>S</b>            |  |  |  |
| SOBOLCI                   | •   | (Name of Corpor     | ation)   |  |  |
| DOCUME                    | ENT NUMBER: F04000003                                       | 267                 |  |  |  |
| The enclos                | ed withdrawal application and f                             | ee are submitted f  | or filing.   |  |  |
|                           | rn all correspondence concerning<br>ne following:           | this                |  |  |  |
| N                         | lary San Miguel   |                     |  |  |  |
| (Name of Person)          |   |                     |  |  |  |
| T Baird and Associates    |   |                     |  |  |  |
| (Firm/Company)            |   |                     |  |  |  |
| 3                         | 030 LBJ Freeway, Ste 7                                      | 00                  |  |  |  |
| (Address)                 |   |                     |  |  |  |
| Dallas, TX 75234          |   |                     |  |  |  |
| (City/State and Zip code) |   |                     |  |  |  |
| For further               | information concerning this matt                            | er, please call:    |  |  |  |
| Mary Sa                   | an Miguel   | <sub>at (</sub> 214 | 722 7505   |  |  |
|                           | (Name of Person)  | (Area               | Code & Daytime Telephone Number)                           |  |  |
|                           | MAILING ADDRESS: Amendment Section Division of Corporations |                     | STREET ADDRESS: Amendment Section Division of Corporations |  |  |

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

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

T. Baird ♥ Associates

| (Name of Corporation)   |  |
|---|--|
| F0400003267   |  |
| (Document Number of Corporation   | (if known)   |
|   |  |
| TEXAS   |  |
| (Incorporated Under Laws  | of)  |
| This corporation is no longer transacting business or conducting a coluntarily surrenders its authority to transact business or conduct this corporation revokes the authority of its registered agent in proposition the Department of State as its agent for service of process | affairs in Florida.  Florida to accept service on its behalf and based on a cause of action arising during the |
| me it was authorized to transact business or conduct affairs in Flo   | orida.   |
| The following is a current mailing address for the corporation:   | <b>P</b> <sub>0</sub>  |
| 3030 LBJ Freeway, Ste 700   |  |
| (Mailing Address)   |  |
| Dallas, TX 75234  | 100 3 m  |
| (City/ State /Zip)  |  |
| he corporation agrees to notify the Department of State in the futi   | ure of any change in its mailing address.  |
|   | 4/30/09  |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)   | (Date)   |
|   | 6 COO  |
| (Typed or printed name of preson signing)   | (Title of person signing)  |
| FILING FEE \$35   |  |
| = === +== +==   |  |