

(Requestor's Name)	
(Address)	4001836401
(Address)	
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	08/02/100103101
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	SECTE PALLAR
Special Instructions to Filing Officer:	Asset, o
	A Davis

Office Use Only

8 ynu



5 \*\*35.00

2010 AUG -2 PM 3: 02

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		4	
SUBJ	ECT: UTA	Orvers it	f Corporation)	
DOC	JMENT NUMBER:	F1032	- 9/0 8/05	
The er	nclosed withdrawal applicati	on and fee are sub	omitted for filing.	
	return all correspondence cor to the following:	ncerning this	- · · · · · · · · · · · · · · · · · · ·	
	Chais	topper V	Person)	
	MIA Di	yers / Li	ed Offi	
	245 5	Sneder (Add	cor ace.	
		City/State &	and Zip code)	
For fu	rther information concerning t	this matter, please	call:	
_0	hois Geoghac	<u>at (</u>		
	(Name of Person)		(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

UTA Diversified CopP. (Name of Corporation)	······································
(Document Number of Corporation (if known)	2010 AUG SECCE
New York	IL ETARY OF
(Incorporated Under Laws of)	- 3: 0:

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:

Bayport (City/ Spate /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 ands of a receiver or other count appointed fiduciary, by that fiduciary)

Christopher Teophan
(Typed printed name of person signing)

(Title of person signing)

**FILING FEE \$35**