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TALLAHASSEE FLORIO



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Facilitators Group Inc
(Name of Corporation)
DOCUMENT NUMBER: F04000004921
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan L Pujol
(Name of Person)
Facilitators Group Inc
(Firm/Company)
6250 SW 136th Avenue,
(Address)
Fort Lauderdale, FL 33330
(City/State and Zip code)
For further information concerning this matter, please call:
Juan L Pujol at (954) 680-1266
(Name of Person) (Area Code & Daytime Telephone Number)
MAII INC ADDESS. STREET ADDESS.

MAILING ADDRESS:

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

STREET 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

Facilitators Group, Incorporated (Name of Corporation)		
(Name of Corporation)	,	
F04000004921		
(Document Number of Corporation	n (if known)	
Delaware		
(Incorporated Under Laws	s of)	
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct		
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proces time it was authorized to transact business or conduct affairs in Floring	s based on a cause of action arising during the	
The following is a current mailing address for the corporation:		
6250 SW 136th Avenue,	07 SE	
(Mailing Address)	AR J	
Fort Lauderdale, FL 33330	FILE JAN 29 RETARY I AHASSEI	
, (City/ State /Zip)	PN : FLOR	
The corporation agrees to notify the Department of State in the future of any change in its malling address.		
The state of the s	January 17, 2007	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Juan L Pujol	President	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35