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COVER LETTER

-TO: Amendment Section Division of Corporations	
SUBJECT: THE ARCHIVE GROUP, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: F0400005030	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROY D. NOORDA	
(Name of Person)	
THE ARCHIVE GROUP, INC.	
(Firm/Company)	
P.O. BOX 5064	
(Address)	
BELLEVUE, WA 98009-5064	
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) at (425) 450.9035 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	

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

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THE ARCHIVE GROUP, INC.	
(Name of Corporation)	07 المد
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(Document Number of Corporation (if	
	다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다
WASHINGTON	
(Incorporated Under Laws of)	St. 01
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct aff	
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process betime it was authorized to transact business or conduct affairs in Florid	ased on a cause of action arising during the
The following is a current mailing address for the corporation:	
PO BOX 5064	
(Mailing Address)	.
BELLEVUE, WA 98009-5064	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
La Noore	3-20-2007
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
ROY D. NOORDA	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35