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Withdrawal 04/19/15

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	·
Division of Corporations  SUBJECT: RAINBOW CONNECTION (Name of corporation)	11 (WITH DRAWAL OF CORP.
DOCUMENT NUMBER: F0400005224	<u> </u>
The enclosed withdrawal application and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the following:	
SUZANNE KRON (Name of Person)	
(Name of Person)	
RAINBOW CONNECTION (Firm/Company)	<u> </u>
	PALM (SUITE 205)
(Address)	
TAMARAC, FLA. (City/State and Zip co	
(City/State and Zip co	de)
For further information concerning this matter, please call:	
SUE KRON at (954	Ode & Daytime Telephone Number)
(Name of Person) (Area C	Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327
Tallahassee, FL. 32399	Tallahassee, FL. 32314

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

RAINBOW CONNECTION // INC. (Name of Corporation)	
(Name of Corporation)	
(Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	
NEW MEXICO (Incorporated Under Laws of)	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and here voluntarily surrenders its authority to transact business or conduct affairs in Florida.	eby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	and the
The following is a current mailing address for the corporation:	
4990 EAST SARAL PALM (SVITE 205)	SECRE
(Maning Address)  — Ti	AR.
TAMARAC FLA. 33319	다. 다.
1990 EAST SARAL PALM (SVITE 205)  (Mailing Address)  TAMARAC FLA, 333/9  (City/ State /Zip)	STATE
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 hands of a receiver or other court appointed fiduciary, by that fiduciary)	-
SUZANNE KRON PRESIDENT	
(Typed or printed name of person signing) (Title of person signing)	•

**FILING FEE \$35**