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## **COVER LETTER**

	nendment Section vision of Corporations
	T: MAXCOR /NC.
SCHOLC	(Name of Corporation)
DOCUM	ENT NUMBER: F 0400006304
The enclo	sed withdrawal application and fee are submitted for filing.
	urn all correspondence concerning this the following:
	Louis ZACARESE, CPA (Name of Person)
_	(Name of Person)
	RUBENSTEIN SHENKER ZACARESE + MARKS, LLP
-	(Firm/Company)
	53 NORTH PARK AVE - SUITE 51 (Address)
_	(Address)
	ROCKUILLE CENTRE, NY 11570  (City/State and Zip code)
_	(City/State and Zip code)
For furthe	er information concerning this matter, please call:
L	ours ZACARESE at (516 ) 536-7100
	(Name of Person) at (5/6) 536 - 7/00  (Area Code & Daytime Telephone Number)
	MAILING ADDRESS: STREET ADDRESS:

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

MAXCOR /NC. (Name of Corporation)	
(Name of Corporation)	
F0400006304	
(Document Number of Corporation (if known)	
NEW YORK (Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and voluntarily surrenders its authority to transact business or conduct affairs in Florida.	i hereby
This corporation revokes the authority of its registered agent in Florida to accept service on its beappoints the Department of State as its agent for service of process based on a cause of action arising dutime it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
53 NORTH PARK AVE-SUITE 51 EG	07.AA
Mailing Address)  ROCKVILLE CENTRE, NY 1/570  (City/ State /Zip)  ROCKVILLE CENTRE NY 1/570  ROCKVILLE CENTRE NY 1/570  ROCKVILLE CENTRE NY 1/570  ROCKVILLE CENTRE NY 1/570	FILED  Y-3 PM 12: 14
The corporation agrees to notify the Department of State in the future of any change in its mailing address	ess.
(Signature of a diffector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
LIAD METDAR EXECUTIVE VICE PRES  (Typed or printed name of person signing)  (Title of person signing)	<u> </u>

**FILING FEE \$35**