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(Re	equestor's Name)	
(Ac	idress)	
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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

Withdrawal
01/26/07

COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: SERVICE OPTIONS OF SARASOTA INC. (Name of Corporation)		
(Name of Corporation)		
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person)		
(Name of Person)		
SERVICE OPTIONS OF SARASOTA INC. (Firm/Company)		
(Firm/Company)		
4336 MADEIRA COURT (Address)		
(Address)		
SARASOTA FL 34233 (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
TEAN ORIDCUT at (941) 378, 1978 (Name of Person) (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

SERVICE OPTIONS OF SARASOTA, INC. (Name of Corporation)
F04000007037
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
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:
4336 MADEIRA COURT PRESENTING (Mailing Address)
(Mailing Address) SARASOTA FL 34233 (City/ State /Zip) (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its malling address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
TEAN BRIDGUT (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35