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SECRETARY OF STATE
AND ASSEE, FLORIDA

C. Coulliette JAN 2 5 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sorasota CCM, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: F05 000 000 994
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IF Saullante.
(Name of Person)
39 Elsin Avenue (Address)
Wickford RI 02852 (City/State and Zip code)
For further information concerning this matter, please call:
at (800) 652-/699 (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

Sornsota ccm Inc. (Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known)
Phose Island (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.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf at 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.
The following is a current mailing address for the corporation:
Mailing Address)
(Mailing Address)
(Mailing Address) WICK FORD RI 02852 (City/ State/Zip) 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) (Date)
TF Squellow te Pesident (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35

(Title of person signing)