## F05000001788

	•	
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⊋ #)
PICK-UP	WAIT.	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

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Withdrawal

01/28/09--01017--004 \*\*35.00

FILED
2009 JAN 28 PM 4: 30
SECRETARY OF STATE
SECRETARY OF STATE

ASR 2/3/09

## **COVER LETTER**

<b>ΓO:</b> Amendment Section Division of Corporations	
SUBJECT: Custom Topso	or inc
(Name	e of Corporation)
OCUMENT NUMBER: FOSOOC	00 1788
he enclosed withdrawal application and fee are	submitted for filing.
lease return all correspondence concerning this natter to the following:	
Diane F Burger	ne of Person)
(Nam	ne of Person)
Custom Topson W	c.
Custom Topsoil IN	n/Company)
320 Crabopple L	ane
(F	Address)
Checktowaga N	by 14227
(City/Stat	te and Zip code)
or further information concerning this matter, plea	ase call:
Digne F Rimer at	1( 711- ) 101-8 4444
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDECS.	STREET ADDRESS:
MAILING ADDRESS: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	· with the control of the control of

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

Cus tom Topsoic inc	2
(Name of Corporation)	
F 0 5 00000 1788  (Document Number of Corporation	(if known)  TALLAH 28 PA 4:30  of)
	(if known)
New York (Incorporated Under Laws	20 5
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
320 Crabapp le Lane (Mailing Address)	
Cheek towaga Ny 1	4227
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	ure of any change in its mailing address.
(Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	1-22-09 (Date)
•	VP
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**