F05000002725

(1	Requestor's Name)	
(Address)	
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(1	City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: One Call Services, Inc (Name of Corporation)
DOCUMENT NUMBER:F05000002725
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela Butter
. Angela Butter (Name of Person)
(Firm/Company)
4320 Linthicum Rd
(Address)
Dayton, MD 21036
Dayton MD 21036 (City/State and Zip code)
For further information concerning this matter, please call:
Angela Butter at (410) 531-9118
(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

One Call Services, Inc.
(Name of Corporation)
F05000002725 (Document Number of Corporation (if known)
Maryland Fig. 3 (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and dereby 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:
3825 Cabbage Palm Way
Loxahatchee FL 33470 (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) 5/21/08 (Date)
Michael Vinci (Typed or printed name of person signing) Owner Ch (Title of person signing)

FILING FEE \$35