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To:

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DISSOLUTION OR WITHDRAWAL OLDCASTLE CONCRETE DESIGNS, INC.

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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: OLDCASTLE CONCRETE DES	SIGNS, INC.
	(Name of Corporation)
DOCUMENT NUMBER: F05000005206	
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concerning matter to the following:	g this
GARY P. HICKMAN	
-	(Name of Person)
OLDCASTLE, INC.	
	(Firm/Company)
375 NORTHRIDGE ROAD, SUITE 35	0
	(Address)
ATLANTA, GA 30350	
	City/State and Zip code)
For further information concerning this me	itter, please call:
wendy grissom	at (678) 731-8167
(Name of Person)	(Area Code & Daytime Telephone Number)
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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OP AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FI OLDCASTLE CONCRETE DESIGNS, INC. (Name of Corporation) F05000005206 (Document Number of Corporation (if known) DELAWARE (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: 375 NORTHRIDGE RAOD, SUITE 350 (Mailing Address) ATLANTA, GA 30350 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address. **DECEMBER 30, 2011** Signature of a director, president of bother officer - if in the heads of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35

ASST. SECRETARY

(Title of person signing)

GARY P, HICKMAN

(Typed or printed name of person signing)