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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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withdrawal

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COVER LETTER

	ndment Section sion of Corporations
SUBJECT:	Name of Corporation)
	T NUMBER: F 0500000 \(\sigma \) \(\sigma \)
The enclosed	withdrawal application and fee are submitted for filing.
Please return matter to the	all correspondence concerning this following:
	JACK Green (Name of Person)
	(Name of Person)
	(Firm/Company)
	PO BOX 7=6 (Address)
	(City/State and Zip code)
For further in	nformation concerning this matter, please call:
	(Name of Person) at (Foo) 237 - 2959 (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

(Name of Corporation)
(Name of Corporation)
F05000005500 25 8 7
(Document Number of Corporation (if known)
M. Y. S. (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:
(Mailing Address)
Lasce brove NY 1125 (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)
The Coext (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35