

F05000006280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Associated Training Services of Florida, Inc
(Name of Corporation)

DOCUMENT NUMBER: F05000006280

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry Klabacka

(Name of Person)

Associated Training Services of Florida, Inc.

(Firm/Company)

7190 Elder Lane, PO Box 558

(Address)

Sun Prairie, WI 53590

(City/State and Zip code)

For further information concerning this matter, please call:

Jerry Klabacka

(Name of Person)

at (608) 837-7800

(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**

Associated Training Services of Florida, Inc.

(Name of Corporation)

F05000006280

(Document Number of Corporation (if known))

Wisconsin

(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:

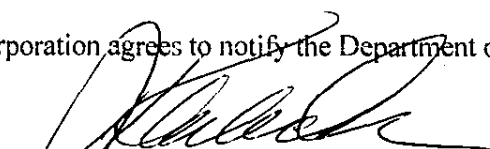
7190 Elder Lane, PO Box 558

(Mailing Address)

Sun Prairie, WI 53590

(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)

4-21-11

(Date)

Jerry Klabacka

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

11 APR 23 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FL 32310

APR 23 2011
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