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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: BRUCE MICHAEL HOMES	, INC.
	of Corporation)
DOCUMENT NUMBER: F05000006414	
The enclosed withdrawal application and fee are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
BRUCE RACKOUSKI	
(Name	e of Person)
(Firm	(Company)
PO BOX 256	
(A	ddress)
CROWN POINT, IN. 46308	
(City/State	e and Zip code)
For further information concerning this matter, plea	se call:
BRUCE RACKOUSKI at	708 670-1210
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amandment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

BRUCE MICHAEL HOMES, INC.

(1,4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	,-
F05000006414	A. S.C.
(Document Number of Corpora	ation (if known)
FLORIDA / ILLINOIS	<b>7</b>
(Incorporated Under L	aws of)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.	
This corporation revokes the authority of its registered agen appoints the Department of State as its agent for service of pro- time it was authorized to transact business or conduct affairs in	cess based on a cause of action arising during the
The following is a current mailing address for the corporation:  PO BOX 256	
(Mailing Address	s)
CROWN POINT, IN. 46308 (City/ State /Zip)	
The corporation agrees to notify the Department of State in the	
(Signapare of a director, president or other officer - if in the hands of a	04/13/2011 (Date)
receiver or other court appointed fiduciary, by that fiduciary)	PRESIDENT
BRUCE M RACKOUSKI (Typed or printed name of person signing)	(Title of person signing)
(1) ped of printed famile of person signing)	/ P

**FILING FEE \$35**