## F05000006716

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Cosi MDS, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: F05000006716		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lindsey Reiss		
(Name of Person)		
Cosi, Inc.		
(Firm/Company)		
1751 Lake Cook Road, Suite 650		
(Address)		
Deerfield, IL 60015		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Lindsey Reiss at ( 847 ) 597-8897		
Lindsey Reiss at (847 ) 597-8897 (Name of Person) (Area Code & Daytime Telephone Number)		
MALLING ADDRESS. CTDEFT ADDRESS.		
MAILING ADDRESS: STREET ADDRESS:		

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

(Name of Corporation)

Cosi MDS, Inc.

F05000006716

(Document Number of Corporation	(II KIIOWII)	
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(Incorporated Under Laws of	of)	V
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a		of Florida and hereby
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Floring	based on a cause of ac	
The following is a current mailing address for the corporation:		
1751 Lake Cook Road, Suite 650		
(Mailing Address)		
Deerfield, IL 60015		
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the future	are of any change in its	mailing address.
(Signature of a director, president or other different if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	3(28) (38) (Date	<u>.</u>
William Koziel	CFO	
(Typed or printed name of person signing)	(Title of per	son signing)

**FILING FEE \$35**