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COVER LETTER

TO: Amendment Section	·	
Division of Corporations		
SUBJECT: PROFICIENCY, INC.		
(Nan	ne of Corporation)	
DOCUMENT NUMBER: F05000006974		
The enclosed withdrawal application and	fee are submitted for filing.	
Please return all correspondence concerning matter to the following:	ng this	
Dudi Elder	1	
(N	ame of Person)	
PROFICIENCY, INC.		
(F	irm/Company)	
WESTBORO EXECUTIVE PARK, 110	O TURNPIKE ROAD, SUITE 108	
	(Address)	
WESTBOROUGH, MA 01581	and the second of the second o	
(City/S	State and Zip code)	
For further information concerning this mat	tter, please cail:	
TERRI DELANEY	at 781-398-1770	
(Name of Person)	(Area Code & Daytime Telephone Number)	,

STREET ADDRESS:

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

MAILING 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

PROFICIENCY, INC.			
(Name of Corporation)			
F05000006974 (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 Flohereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.	orida and		
This corporation revokes the authority of its registered agent in Florida to accept service on its be appoints the Department of State as its agent for service of process based on a cause of action during the time it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:	5		
WESTBORO EXECUTIVE PARK, 110 TURNPIKE ROAD, SUITE 108	1		
(Mailing Address) デザイ			
WESTBOROUGH, MA 01581	Ö		
(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 officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)			
EXANDER 5. (Typed or printed name of person signing) PRES OF (Title of person signing)	nce		

FILING FEE \$35