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Account Name : C T CORPORATION SYSTEM

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Phone Fax Number : (850)222-1092

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## DISSOLUTION OR WITHDRAWAL SOFTCARE INNOVATIONS INC.

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## COVER LETTER

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Divisio	n of Corporations	÷		
SUBJECT:		Soften	e Innov	ations Inc.
		(Name o	f Com	oration)
DOCUMENT	NUMBER: F05000007434			<del></del> _
The enclosed w	vithdrawal application and	fee are sul	mitted	i for filing.
Please return ai	ll correspondence concerning ollowing:	this	,	
		Kolly E	. Quirol	lo
		(Name o	f Perso	on)
		Steele	ese Inc.	<u>.                                    </u>
* .		(Firm/C	ompan	y)
	Mail C	ode: 4C - 9	01 44th :	Street, SE
•		(Add	iress)	
,	•	Grand Rapid	ls. MI 49	9508
		ity/State a		
For further info	rmation concerning this matt	er, please	call;	
	Kally B. Quirolo	at (	248	470-2066
. (	(Name of Person)	······································	(Area	a Code & Daytime Telephone Number)
£	STREET ADDRESS:			MAILING ADDRESS:
	Amendment Section			Amendment Section
	Division of Corporations	i		Division of Corporations
	P.O. Box 6327			Clifton Building
. ]	Fallahassee, FL 32314	•		2661 Executive Center Circle

Tallahassee, FL 32301

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Softcare Innovations Inc.

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