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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FCL BUILDERS, INC. (Name of Corporation)
DOCUMENT NUMBER: FOODDODD551
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEAN O'BRIEN (Name of Person)
(Name of Person)
FCL BUILDERS, INC. (Firm/Company)
(Firm/Company)
1150 SPRING LAKE DRIVE
(Address)
ITASCA, 1L 60143
(City/State and Zip code)
For further information concerning this matter, please call:
DEAN O'BRIEN at (630) 773-0050
(Name of Person) (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

FCL BUILDERS, INC.
(Name of Corporation)

F 06 60 000055] (Document Number of Corporation (if known)		
ILLINOIS (Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida voluntarily surrenders its authority to transact business or conduct affairs in Florida.	ia and h	iereby
This corporation revokes the authority of its registered agent in Florida to accept service on i appoints the Department of State as its agent for service of process based on a cause of action arisitime it was authorized to transact business or conduct affairs in Florida.	ts behal ing duri	If and ng the
The following is a current mailing address for the corporation:	The state of the s	08 AP
150 SPRING LAKE DRIVE (Mailing Address)	THE STATE OF THE S	08 APR 30 PH 2: 24
1TASCA, 1L 60143 (City/State/Zip)	FLOKIDA ADIDA	2: 24 e TANE
The corporation agrees to notify the Department of State in the future of any change in its mailing (Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	address	i.
DEAN O'BRIEN (Typed or printed name of person signing) TREASURER (Title of person signing)	k)	_

FILING FEE \$35