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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BOONE-SCATURED ASSOCIATES, INC (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: F06000000986
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Ellen Scaturo (Name of Person)
(Name of Person)
Boone - Scaturo Associates, INC. (Firm/Company)
(Firm/Company)
8831 5. Somerset Lane (Address)
(Address)
Alphare Ha, GA 30004 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Mary Ellen Scaturro at (770) 740-1216 (Name of Person) (Area Code & Davime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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

BOONE - Scaturo Associates, Inc. (Name of Corporation)			
(Name of Corporation)	Br Ca	_	
F0600000986			FILED
(Document Number of Corporation (if known)	- SE	_ - _	1
Georgia (Incorporated Under Laws of)	er St	1 AM 11: 31	
(Incorporated Under Laws of)	REAL PROPERTY.	3	
This corporation is no longer transacting business or conducting affairs within the State voluntarily surrenders its authority to transact business or conduct affairs in Florida. This corporation revokes the authority of its registered agent in Florida to accept ser appoints the Department of State as its agent for service of process based on a cause of actime it was authorized to transact business or conduct affairs in Florida.	vice on its	behal	lf and
The following is a current mailing address for the corporation:			
8831 S. Somerset Lane (Mailing Address)			
(Mailing Address)			
Alpharetta, GA 30004 (City/State/Zip)			
(City/ State /Zip)			
The corporation agrees to notify the Department of State in the future of any change in its	J	ldress.	
May Ellen Acaturo (Signature of a director, president or other officer - if in the hands of a receive or other court appointed fiduciary, by that fiduciary)	<u>}</u>	· · · · · · · · · · · · · · · · · · ·	
Mary Ellon Scaturro (Typed or printed name of person signing) (Title of person signing)	rson signing)	<u></u>	

FILING FEE \$35