*F06000002001

(Requestor's Name	e)
(Address)	
•	
(Address)	
•	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	r)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	ſ
	Į

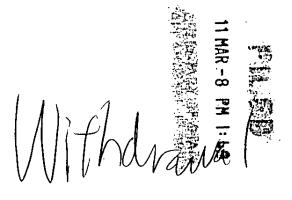
Office Use Only



200195524292

02/22/11--01020--010 **25.00

03/08/11--01018--006 **10.00



3-8-11





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2011

RONALD NOVAK CYCLIC VOMITING SYNDROME ASSOCIATION, IN 10520 WEST BLUEMOUND ROAD MILWAUKEE, WI 53226

SUBJECT: CYCLIC VOMITING SYNDROME ASSOCIATION, INC.

Ref. Number: F06000002001

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

A foreign corporation authorized to transact business or conduct its affairs in Florida may withdraw its authority by completing the enclosed withdrawal application and submitting the appropriate fee.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

3

Letter Number: 911A00005024

update // our info on the internet.

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations
Division of Corporations SUBJECT: (Name of Corporation) OCCUMENT NUMBER: (Name of Corporation)
DOCUMENT NUMBER: 2
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald Novak (Name of Person)
(Name of Person) Lyclic Vomiting Syndrume Association, INC.
Cyclic Vomiting Syndrome Association, INC. (Firm Company) 10520 W Blue mound Rd Suite 106 (Address)
Milwaukor WI 53226 (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (4/4) 342 7860 (Area Code & Daytime Telephone Number)
(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

AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA
Cyclic Voniting Syntroma Association, I
(Name of Corporation)
(Document Number of Corporation (if known)
Wisconsin (Incorporated Under Laws of)
(incorporated Order Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby 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 service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
10520 W. Blue mound Rd Svite 106 (Mailing Address)
Milwauker WI 53226 (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 other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
J Theasurer

FILING FEE \$35