F06000003167

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	- 1
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

W. Holand

COVER LETTER

TO: Amendment Section Division of Corporat				
SUBJECT: Ripple Servi	ces, Inc.			
(Name of Corporation)				
DOCUMENT NUMBER:	UMENT NUMBER: F06000002167			
The enclosed withdrawal application and fee are submitted for filing.				
Please return all corresponde matter to the following:	ence concerning this			
Caroline Pays				
(Name of Person)				
Nowalsky Bronston & Gothard				
	(Firm/Co	ompany)		
3500 North Causeway Blvd., Suite 1442				
(Address)				
Metairie, LA 70002				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Caroline Pays	at (504 832-1984		
(Name of Per		(Area Code & Daytime Telephone Number)		
STREET AD Amendment S		MAILING ADDRESS: Amendment Section		
Division of C		Division of Corporations		
P.O. Box 632	-	Clifton Building		
Tallahassee, I	FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Ripple Services, Inc.	
(Name of Corporation)	
F0600002167	O7 J
(Document Number of Corporation	(if known)
Delaware	SSEE. BY OF THE PERSON OF THE
(Incorporated Under Laws	G. 4.5
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	affairs within the State of Florida and hereby affairs in Florida.
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Floring	s based on a cause of action arising during the
The following is a current mailing address for the corporation:	
120 Country Club Dr., #64	
(Mailing Address)	
Incline Village, NV 89450	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	ure 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)
LC Bowman	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35