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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Wolf Creek Cherokee Tribe, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: F06000002567		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lorraine A. Griffith, Executive Director		
(Name of Person)		
Wolf Creek Cherokee Tribe, Inc.		
(Firm/Company)		
P.O. Box 186		
(Address)		
Stuart, VA 24171		
. (City/State and Zip code)		
For further information concerning this matter, please call:		
Lorraine A. Griffith at (276) 340-5571		
(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

Wolf Creek Cherokee Tribe, Inc.	
(Name of Corporatio	n)
F06000002567	
(Document Number of Corporation	on (if known)
Virginia	
(Incorporated Under Lav	vs of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the surrenders is a surrender transacting business or conducting to the surrender transacting business or conducting transacting business or cond	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in F	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	.Silviv
P.O. Box 186	08
Stuart, Virginia 24171 (City/ State /Zip) The corporation agrees to notify the Department of State in the f	inture of any change in its mailing address. 8/25/2008
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Ken Johnson	Agent
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35