

F060000003396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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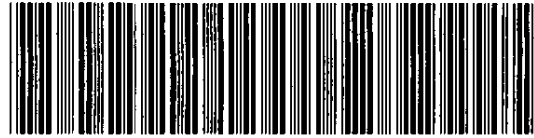
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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01/19/10  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: McMONTE INC.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

ED MCGOWIN  
(Name of Person)  
McMONTE INC  
(Firm/Company)  
96 GRAND ST.  
(Address)  
New York, NY 10013  
(City/State and Zip code)

For further information concerning this matter, please call:

ED MCGOWIN at (212) 966-4496  
(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

MC MONTE INC.  
(Name of Corporation)

(Name of Corporation)

New York  
(Incorporated Under Laws of)

(Incorporated Under Laws of)

96 GRAND ST.

**(Mailing Address)**

New York, NY 10013

(City/ State /Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

1-14-10  
(Date)

(Date)

ED MCGOWIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE \$35**