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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Alan Gray Investigative Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F0600003439

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shirley Laurent, compliance paralegal

(Name of Person)

Alan Gray, Inc.

Massachusetts

(Firm/Company)

88 Broad Street, 4th Floor

(Address)

Boston, MA 02110

(City/State and Zip code)

For further information concerning this matter, please call:

Shirley Laurent, compliance paralegal at (617 ) 426-6255

(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

Alan Gray Investigative Services, I	nc. <sub>专公</sub>
(Name of Corporation)	nc.  RECRETARY OF STATE OF STA
F06000003439	THE D
(Document Number of Corporation	i (if known)
	ASIA S
New York	7
(Incorporated Under Laws	(6)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	
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 C	s based on a cause of action arising during the
The following is a current mailing address for the corporation:	
88 Broad Street	
(Mailing Address)	
Boston, MA 02110	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	ture of any change in its mailing address.
Mild J. Ceph	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Michael F. Ceppi	President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**