# F0600000005046

(R	Requestor's Name)	
(A	ddress)	·····
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(Document Number)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Card Benefits, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: F06000005046		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Martin Toha		
(Name of Person)		
Card Benefits, Inc.		
(Firm/Company)		
102 NE 2nd Street, Suite 381		
(Address)		
Boca Raton, Florida 33432		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Martin Toha at ( 561 ) 922-5961		
(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

Card Benefits, Inc.	英山 皇 一切
(Name of Corporation)	THE PERSON OF TH
F06000005046	To Part Part
(Document Number of Corporation (if known)	Ter on
Nevada	15
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the voluntarily surrenders its authority to transact business or conduct affairs in Florida. This corporation revokes the authority of its registered agent in Florida to access	ept service on its behalf and
appoints the Department of State as its agent for service of process based on a caus time it was authorized to transact business or conduct affairs in Florida.	e of action arising during the
The following is a current mailing address for the corporation:	
102 NE 2nd Street, Suite 381	
(Mailing Address)	
Boca Raton, Florida 33432	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change	e 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)	(17/201/ (Pate)
(Typed or printed name of person signing)  (Tit	NEL le of person signing)

**FILING FEE \$35**