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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		<u>.</u>	
SUBJ	JECT:	Editha (Name	Biell e of Corporation	m.v., Inc.
DOC	UMENT NUMBER:	F0400	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i 8
The e	nclosed withdrawal appli	cation and fee are	submitted for fi	ling.
	e return all correspondence r to the following:	concerning this		
		Dr. E	Editha le of Person)	Bielity
		Editu (Fim	C Bielil 1/Company)	m.v., Inc.
		<b>5</b> 705	TAma Address)	rack Drive
		Prec, (City/Stat	72 32 stee and Zip code	71
For fu	urther information concerni	ng this matter, plea	ase call:	
Enclo	(Name of Person) sed is a check for the amou		( 850 ) (Area Cod	995- 923 T le & Daytime Telephone Number)
<b>]</b> \$3:	5 Filing Fee \$43.75 Fili Certificate	of Status Certi (Add	75 Filing Fee & ified Copy ditional copy is closed)	Certificate of Status & Certified
	MAILING ADD Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL.3	on orations	·	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA'8

(Name of Cornoration)
(Name of Corporation)
į
(Document Number of Corporation (if known)
(Exocument Paintor of Corporation (It known)
Plant Island
Chode (Sland (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
the veneral great current manning address for the corporation.
Mailing Address)
(Mailing Address)
Prec 72 32571 (City/ State /Zip)
(City/ State /Zip)
;
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
. 1
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
(Signature of a director president or other officer - if in the hands of a
receiver or other court appointed fiduciary, by that fiduciary)
0.614 21+ 0.11
Ov. Edutha Bulty President  (Typed or printed name of person signing) (Title of person signing)
(1 typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**