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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)205-8842
Fax Number: (850)878-5368

DISSOLUTION OR WITHDRAWAL MIRAGE CONSULTING, INC. OF TX

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COVER LETTER

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	Amendment Section Division of Corporations				
SUBJE	CCT: Mirage Consulting, Inc. of TX	(Name of Corporation	n)		
DOCU	MENT NUMBER: <u>F06000007581</u>				
The end	closed withdrawal application and	fee are submitted for fi	ling.		
	return all correspondence concerning to the following:	g this			
		(Name of Person)			
	<u> </u>	(Firm/Company)			
		(Address)	•		
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For furt	ther information concerning this mat	ter, please call:			
		at ()_	e & Daytime Telephone Number)		
Enclose	(Name of Person) ed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)		
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	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301		

1/28/2016 3:12:16 PM From: To: 8506176380(3/3)

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

Mirage Consulting, Inc.	of TX	
	(Name of Corporation)	
F06000007581		
	(Document Number of Corporation (if known)	
Texas		
	(Incorporated Under Laws of)	
caration is no langur	rangesting hyginage or conducting officing within the State of Clani	do or

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:

13900 Lakeside Circle, Suite 200	
(Mailing A	
Sterling Heights, MI 48313	The second secon
(City/ State) The corporation agrees to notify the Department of State (Signature of a director, president or other officer - if in the hands receiver or other court appointed fiduciary, by that fiduciary)	in the future of any change in its mailing address. 12/18/2015
David Ott	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35