	(Requestor's Name)
	(Address)
•	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
<u></u>	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>CAL deiRA</u> <u>Enterprises</u> 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:
Anthony CLEAL (Name of Person)
(Name of Person)
CAdeiRA Enterprises INC. (Firm/Company)
(Firm/Company)
127 Regan ST
(Address)
127 Regan ST (Address) Rockford 12 6107 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Anthony C LEAL at (707) 803-5325 (Name of Person) (Area Code & Daytime Telephone Number)
(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

	70 70	
C9Ldeira Enterprises INC. (Name of Corporation)	<u>rm</u> 8	
(Name of Corporation)	2009 AUG SECRETI	11
F0600007733	ARY D	lul I
(Document Number of Corporation (if known)	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	SiA SiA	
Woming	DA 19	
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Flovoluntarily surrenders its authority to transact business or conduct affairs in Florida.	orida and her	eby [.]
This corporation revokes the authority of its registered agent in Florida to accept service of appoints the Department of State as its agent for service of process based on a cause of action a time it was authorized to transact business or conduct affairs in Florida.		

The following is a current mailing address for the corporation:

127 R	egan	<i>ST</i>	
		(Mailing Address)	
0-40		11107	
Rootford		6110+	
		(City/ State /Zip)	

The corporation agrees to notify the Department of State in the future of any change 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)

FILING FEE \$35