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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Inspiranza Designs, Inc. (Name of Corporation)			
DOCUMENT NUMBER: F07060000466			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Sabrina Kauich			
Sabrina Kayich (Name of Person)			
Inspiranza Designs, Inc. (Firm/Company)			
220 Egret ct. (Address)			
· · ·			
City/State and Zip code)			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Dawn Fischer at (618) 972-0159			
(Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: STREET ADDRESS:			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Linspiranza Wesians, Linc,	
(Name of Corporation)	
FOMOOCCO 466 (Document Number of Corporation (if known)	
(Incorporated Under Laws of)	
(incorporated Onder Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and h voluntarily surrenders its authority to transact business or conduct affairs in Florida.	ereby
This corporation revokes the authority of its registered agent in Florida to accept service on its behaving appoints the Department of State as its agent for service of process based on a cause of action arising april time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
8714 Lefere Schoolffd=	
(Mailing Address)	
Millstadt, IC 62260 (City/State/Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address	i.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)	
(Typed of printed name of person signing) (Title of person signing)	

FILING FEE \$35