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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WPKMGL, INC
(Name of Corporation)
DOCUMENT NUMBER: F07000000641
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John F. Wittman
(Name of Person)
WPKMGL, INC
(Firm/Company)
320 W 8TH STREET, SUITE 201
(Address)
BLOOMINGTON, IN 47404
(City/State and Zip code)
For further information concerning this matter, please call:
Marnell C. Gorman at (812) 333-9399
(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

WPKMGL, INC.			
(Name of Corporation)			
F0700000641			
(Document Number of Corporation (in	fknown)		
Indiana			
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct affirm this corporation revokes the authority of its registered agent in Fappoints the Department of State as its agent for service of process betime it was authorized to transact business or conduct affairs in Florice.	fairs in Florida. florida to accept service on it ased on a cause of action aris	its behalf	and
The following is a current mailing address for the corporation:	A ST	99	
320 W 8TH STREET, SUITE 201		NOV 25	
(Mailing Address)	ARY OF	25 PM	
BLOOMINGTON, IN 47404 (City/ State /Zip)	· 可 ' '	- (•
(City/ State /Zip)	All Mark	35	
The corporation agrees to notify the Department of State in the future	e 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)	11/23/09 (Date)		_
JOHN F WITTMAN	President		
(Typed or printed name of person signing)	(Title of person signing)	_

FILING FEE \$35