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**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Tree of knowledge Leman Centers (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:  El: Guenfell
(Name of Person)
True of k-o-lenge lenging (Firm/Company)
(Firm/Company)
736 Lakevien
(Address)
Clival, OH 44108
(City/State and Zip code)
For further information concerning this matter, please call:
Eli Creentell at (216) 541-2048
(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

(Name of Corporation)	ring Center, INC.
(Name of Corporation)	7
F07088801271	
(Document Number of Corporation (if kn	lown)
OHio (Incorporated Under Laws of)	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affair voluntarily surrenders its authority to transact business or conduct affair	
This corporation revokes the authority of its registered agent in Flor appoints the Department of State as its agent for service of process base time it was authorized to transact business or conduct affairs in Florida.	ed on a cause of action arising during the
The following is a current mailing address for the corporation:	
736 Lakerier	SECA
Clevel of 44108 (City/State/Zip)	HASSEE, F
The corporation agrees to notify the Department of State in the future of	1 .
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	6/5/09 (Date)
Eli Greenfeld  (Typed or printed name of person signing)	Director of Development
( ryped or printed name or person signing)	( i nie or person signifig)

**FILING FEE \$35**