F07000001787

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Sertificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500141380315

01/20/09--01025--009 **35.00



Withdr Theurs 1-28-09

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: JOHN MCCAIN 2008, INC.					
(Name of Corporation)					
DOCUMENT NUMBER: F07000001787					
The enclosed withdrawal application and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
RENAE DUNCAN					
(Name of Person)					
LOCKART, ATCHLEY & ASSOCIATES, LLP					
(Firm/Company)					
6850 AUSTIN CENTER BLVD., STE. 180					
(Address)					
AUSTIN, TX 78731					
(City/State and ZIP code)					
For further information concerning this matter, please call:					
RENAE DUNCAN at (512) 346-2086					
(Name of Person) (Area Code & Daytime Telephone Number)					
MÁILING 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

WK4 P FLN12A-002 35

ví.

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

JOHN M	CCAIN 2008, INC			
		(Name of Corporatio	n)	0
F07000				22 7
	(Docu	ment Number of Corporati	on (if known)	09 JAN 20 M 8:
DELAWA	RE			
		(Incorporated Under Lav	vs of)	ORIGH
		g business or conducting neact business or condu-		tte of Florida and hereby
appoints the Depar	tment of State as its ag		ess based on a cause of	service on its behalf and action arising during the
The following is a	current mailing addres	ss for the corporation:		
1235 S	. CLARK STREET,	, STE. 1206		
		(Mailing Address)		
ARLING	TON, VA 22202		- A = 1.00	
		(City/ State /ZIP)	,	•
The corporation ag	rees to notify the Depa	artment of State in the f	uture of any change in	its mailing address.
(Signature of a receiver or oth	director, president or other of er court appointed fiduciary, t	ficer - if in the hands of a by that fiduciary)	112109	Oate)
RICHARD (Typed or	DAVIS printed name of person signi	ing)	PRESIDENT (Title of p.	erson signing)

FILING FEE \$35