# F0700000218'

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
. (Do	ocument Number)	
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### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT:
DOCUMENT NUMBER:
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)  (St Security Have Nort JASE OIP  (First/Company)
2250 & 73 cd st Suit 500
Talsh Ek 74136
(City/State and Zip code)
For further information concerning this matter, please call:
(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

TOICHMINT

F0100002187
(Document Number of Corporation (if known)
0/1/2/1/2
(Incorporated Under Laws of)
نين رئيس
This corporation is no longer transacting business or conducting affairs within the State of Florida and Hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
2250 E 73 rd St Seule 508 (Mailing Address)
Jalsa Ok 74/36 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature Ma director, president other officer - if in the hands of a (Date)
(Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
George /Ayla/ Tres
(Typed of printed name of person signing) (Title of person signing)

**FILING FEE \$35**