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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJECT: Curran Management Services, Inc					
(Name of Corporation)					
DOCU	MENT NUMBER: F07000002418				
The end	closed withdrawal application and fee are submitted for filing.				
	return all correspondence concerning this to the following:				
Robert Scott MacGregor					
	(Name of Person)				
Curran Management Services, Inc.					
(Firm/Company)					
	212 Mid Tech Drive				
(Address)					
West Yarmouth, MA 02673					
	(City/State and Zip code)				
For furt	her information concerning this matter, please call:				
Robe	rt Scott MacGregor at (508) 957-1800				
	(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

Curran Management Services, Inc.	*******		
(Name of Corporation)	SEE	7011 A	1404
F07000002418	35	APR -	ۇ. مىداچە دەرەن
(Document Number of Corporation (if known)	- F F F F F F F F.	A.	
Massachusetts		œ	E.
(Incorporated Under Laws of)	TE (T.	22	
This corporation is no longer transacting business or conducting affairs within the State of 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 appoints the Department of State as its agent for service of process based on a cause of act time it was authorized to transact business or conduct affairs in Florida.	ice on its	s behal	f and
The following is a current mailing address for the corporation:			
212 Mid Tech Drive			
(Mailing Address)			
West Yarmouth, MA 02673			
(City/ State /Zip)			
The corporation agrees to notify the Department of State in the future of any change in its receiver of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)		ddress.	_
(Typed or printed name of person signing) (Title of person	SOCUT on signing)	_	******

FILING FEE \$35