F07000002602

(Requestor's Name)			
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(Address)			
(Address)			
(City/State/Zip/Phone #)			
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SECRETARY OF STATE

withdrawal

1-28-09

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: Software Design Resources, Inc.		
	(Name of Corporation)		
oct	JMENT NUMBER: F07000002602		
The en	closed withdrawal application and fee are submitted for filing.		
	return all correspondence concerning this to the following:		
	M.N. Osborne		
	(Name of Person)		
	Software Design Resources, Inc.		
	(Firm/Company)		
	3417 E. 54th Street		
**************************************	(Address)		
	Texarkana AR 71854		
	(City/State and Zip code)		
For fu	rther information concerning this matter, please call:		
Nita	Lloyd at (870) 774-2222		
	(Name of Person) (Area Code & Daytime Telephone Number)		
	(common and a second production)		

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

Software Design Resources, Inc.	
(Name of Cor	orporation (if known)
F07000002602	757
(Document Number of Co	orporation (if known)
	10 P
Delaware	つい
(Incorporated Un	der Laws of)
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or	
This corporation revokes the authority of its registered appoints the Department of State as its agent for service o time it was authorized to transact business or conduct affa	f process based on a cause of action arising during the
The following is a current mailing address for the corpora	tion:
3417 E. 54th Street	
(Mailing A	ddress)
Texarkana AR 71854	
(City/ State	e /Zip)
The corporation agrees to notify the Department of State is (Signature of Variettor, president or other officer - if in the hands of reserver or other court appointed fiduciary, by that fiduciary)	12-31-2008
M.N. Osborne	Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35