# F07000002975

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## COVER LETTER TO: Amendment Section **Division of Corporations** SUBJECT: SHAG of Mississippi INC. (Name of Corporation) DOCUMENT NUMBER: <u>F0700002975</u> The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHAG of Mississippi, INC (Firm/Company) P.O. Box 1358 - 40 Deep South Lane (Address) Purvis, Ms 39475 (City/State and Zip code) For further information concerning this matter, please call: (Name of Person) at (601) 794-2253 (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:

\$43.75 Filing Fee & [

Certified Copy (Additional copy is

Enclosed)

#### **MAILING ADDRESS:**

Certificate of Status

\$35 Filing Fee \$43.75 Filing Fee & \_\_\_

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314

#### **STREET ADDRESS:**

\$52.50 Filing Fee.

Certificate of Status & Certified

Copy (Additional copy is enclosed)

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

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

SHAG of Mississippi, INC (Name of Confortion)	
(Name of Confortion)	
F07000002975 (Document Number of Corporation (if known)	5
A Company of the Comp	
Mississippi (Incorporated Under Laws of)	- 5 - 5 - 2
This corporation is no longer transacting business or conducting affairs within the State of Flovoluntarily surrenders its authority to transact business or conduct affairs in Florida.	rida and hereby
This corporation revokes the authority of its registered agent in Florida to accept service or appoints the Department of State as its agent for service of process based on a cause of action the time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:  P.O. Box 1358  (Mailing Address)	
Purvis, M3 39475 (City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mail	ing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)	
Robert T. Graham President (Typed or printed name of person signing)  (Title of person sign	ung)

**FILING FEE \$35**