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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DOVEBID, INC.
(Name of Corporation)
DOCUMENT NUMBER: F07000003927
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Sklar
(Name of Person)
GoIndustry DoveBid, Inc.
(Firm/Company)
27600 Northwestern Hwy, Suite 220
(Address)
Southfield, MI 48034
(City/State and Zip code)
For further information concerning this matter, please call:
James Sklar at ( 248 ) 359-1328
(Name of Person) (Area Code & Daytime Telephone Number)

# **STREET ADDRESS:**

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

### **MAILING ADDRESS:**

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



DOVEBID, INC.

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

(Name of Corporation)

F0/0000392/	<b>P</b>
(Document Number of Corporation (if known)	
	MAR CRET LAHA
Delaware	15 SSE
(Incorporated Under Laws of)	SSEE. FLO
	15. 15.
This corporation is no longer transacting business or conducting affairs within the voluntarily surrenders its authority to transact business or conduct affairs in Florid	ne State of Florida nd hereby
This corporation revokes the authority of its registered agent in Florida to acc appoints the Department of State as its agent for service of process based on a cau time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
11425 Cronhill Drive, Suite A	
(Mailing Address)	,
Owings Mills, MD 21117	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change	ge in its mailing address.
3/11/1	
(Signature of addrector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
James Sklar Secretary	,
(Typed or printed name of person signing) (T	itle of person signing)

**FILING FEE \$35**