F07000004439

(Requestor's Name)							
(Address)							
(Address)							
(Addiess)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
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SEGRETARY OF STATE TALLAHASSEE, FLORID.

w: thdr C.COULLIETTE

JUL 17 2039

EXAMINER

COVER LETTER

	Amendment Section Division of Corporations	
SUBJE	CT:	(Name of Corporation)
		(Name of Corporation)
DOCUN	MENT NUMBER:	F07000004439
Γhe encl	osed withdrawal applicati	ion and fee are submitted for filing.
	eturn all correspondence con the following:	ncerning this
•		(Name of Person)
		(Name of Person)
	7.	he RTC Group, Inc.
		(Firm/Company)
	905 Calle	Amanceer, Stc. 250 (Address) He, OA 92673 (City/State and Zip code)
		(Address)
	San Clemen	He, CA 92673
		(City/State and Zip code)
For furtl	ner information concerning	this matter, please call:
	-	
	(Name of Person)	at (949) 226-202/ (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

			(Name o	f Corporation)	nc. / Keal	lime	Computing, In
			F0700	000 4439	>		
		(Docum	nent Number	of Corporation	if known)	=	<u> </u>
			Dela	ware.			
			(Incorporate	ed Under Laws o	of)		
voluntarily surr	enders its a	uthority to trans	sact busines	ss or conduct a	ffairs in Florida	•	rida and hereby
	partment of	State as its ago	ent for serv	ice of process	based on a caus		its behalf and ising during the
The following i	s a current i	mailing address	for the cor	poration:			
	905	Calle A	manccer	, 5k. 25	D	SE TALI	0
•			(Maili	ng Address)		ORE T	
	San	Clemente	, CA	92673		ARY ISSE	war.
			(City	State /Zip)		7. L. S. J.O. 2.	10 C
The corporation	n agrees to r	notify the Depa	rtment of S	tate in the futu	re of any chang	e in its mailir	№
	Cendi	o Muin				7/8/09	
(Signature receiver	of a director, po or other court a	esident or other offi ppointed fiduciary, l	cer - if in the hopy that fiduciar	ands of a y)		(Date)	
	Aindi	muir			Vant 2	nanii :	Coro Secretary.
	Cindy	name of person sig	nina)		Ti Of The	tle of person signi	Corp Secretary.

FILING FEE \$35