## FOTOWNS477

(Requestor's Name)  (Address)	0002
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	10.
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	Holada

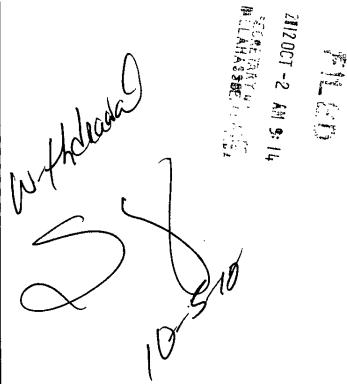


Office Use Only



000240223450

10/02/12--01009--012 \*\*35.00



## **COVER LETTER**

	ment Section n of Corporations		
SUBJECT:	<del>-</del>	CORP	
DOCUMENT	NUMBER: FO 7000	(Name of Corporation)	
	rithdrawal application and all correspondence concerning	•	•
مور بر م <del>حد</del> وار سر خانهای	I Ak	(Name of Person)	and the second of the second o
		(Firm/Company) PO BOX 219	
	B	(Address)	46507
<del></del>	(C	City/State and Zip code)	
	ormation concerning this mat The Schmidt	ter, please call: at (514)_	848-1636
	(Name of Person) heck for the amount:	(Area Cod	e & Daytime Telephone Number)
\$35 Filing F	Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	□\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: 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

(Name of Corporation)	
F07000005477	2112 OCT
(Document Number of Corporation (if known)	-2 -2
INDIANA	
(Incorporated Under Laws of)	

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby 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 on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

PO BOX 2/9

(Mailing Address)

BRISTOL IN 46507

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

President

(Title of person signing

**FILING FEE \$35**