## F07000005951

(Re	questor's Name)	)	
(Address)			
(Ad	idress)		
(City/State/Zip/Phone #)			
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(Document Number)			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Osborne Corp	
	(Name of Corporation)
DOCUMENT NUMBER: F07000005951	
The enclosed withdrawal application and	I fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Evelyn Nichols	
	(Name of Person)
Osborne Corp	
	(Firm/Company)
131 Olivera Way	
	(Address)
Palm Beach Gardens, FL 33418	
(	City/State and Zip code)
For further information concerning this ma	atter, please call:
Evelyn Nichols	at ( 626-3407
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is Enclosed)  \$\square\$ \$
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Osborne Corp	EVELYN NICHOLS CORPORATION	
	(Name of Corporation)	
F07000005951		
	(Document Number of Corporation (if known)	<del>-</del>
Delaware, 11-29	1-07 12/6/2007	
(Incorpor	ated Under Laws of and date authorized to transact business/condu	uct its affairs)
appoints the Departmen	es the authority of its registered agent in Florida to accurate of State as its agent for service of process based on a care transact business or conduct affairs in Florida.	cept service on its behalf and use of action arising during the
The following is a curre	ent mailing address for the corporation:	
131 Olivera Way	y	2020 NBV 13
	(Mailing Address)	<del></del>
Palm Beach Gar	dens, FL 33418	
(City/ State /Zip)		~ <u>≈</u>
		: 56
(Signature of 4 Girecto	to notify the Department of State in the future of any char or, president or other officer - if in the hands of a proported fiduciary, by that fiduciary)	nge in its mailing address.  /20 (Date)
	nted name of person signing)	title of person suming)

**FILING FEE \$35**