F08000000632

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(Address)
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TALLAHASSEE FLORID

NOR NO

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DestructData, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: F0800000	00632
The enclosed withdrawal application and	I fee are submitted for filing.
Please return all correspondence concernir matter to the following:	ng this
Michael J. Lawlor	
	(Name of Person)
DestructData, Inc.	
	(Firm/Company)
85 Flagship Dr. Unit E	
	(Address)
North Andover, MA 0184	5
(City/State and Zip code)
For further information concerning this ma	atter, please call:
Michael J. Lawlor	at (978) 291-0266
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:

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

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

DestructData, Inc.

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

(Name of Corporation)

F0800000632	
(Document Number of Corporation	n (if known)
Massachusetts	SAR
(Incorporated Under Law)	F102
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	affairs within the State of Florida and hereb t affairs in Florida.
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of processime it was authorized to transact business or conduct affairs in Fl	ss based on a cause of action arising during th
The following is a current mailing address for the corporation:	
85 Flagship Drive Unit E	
(Mailing Address)	
North Andover, MA 01845	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.
De la	04/21/10
(Signature of a director, president br other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Michael J. Lawlor	President/Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35