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SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: L.C. Martin Company, Inc. (Name of Corporation)
DOCUMENT NUMBER: F080000 1415
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
C. Matin Company, toc. (Firm/Company)
3395 W. Oneyenne Ave Svite 102 (Address)
N. Las Vegas, NV 89032 (City/State and Zip code)
For further information concerning this matter, please call:  Bonnie Bendow at (702) 656-8080
(Name of Person) (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

L.C. Martin Company, Inc.
(Name of Corporation)  FOS 6000 1415  (Document Number of Corporation (if known)
California (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:
3395 W. Cheyenne Are Suite 102 (Mailing Address)
N. Las Vegas , NV 89032. (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 count appointed fiduciary, by that fiduciary)  (Date)
(Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35**