# F080001972

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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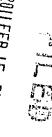


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2011 FEB 15 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



#### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Delta Insurance Center, Inc.			
(Name of Corporation)			
DOCUMENT NUMBER: F08000001972			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Deanna Stanley			
(Name of Person)			
Kennedy Licensing Service, Inc.			
(Firm/Company)			
4144 N. Central Expy., Suite 800			
(Address)			
Dallas, TX 75204			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Deanna Stanley at (214 ) 855-0737			
(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

Delta Insurance Center, Inc.	
(Name of Corporation)	
	ZAL SE
F08000001972	PAR E
(Document Number of Corporation (if kno	wn)
	SE 38.
Colorado	
(Incorporated Under Laws of)	iz: 25
This corporation is no longer transacting business or conducting affairs voluntarily surrenders its authority to transact business or conduct affairs	
This corporation revokes the authority of its registered agent in Florid appoints the Department of State as its agent for service of process based time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
464 Main Street	
(Mailing Address)	
Delta, CO 81416	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of	aņy 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)	//27/201/ (Date)
John C. Zentmeyer P	resident
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**