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## **COVER LETTER»**

TO: Amendment Section Division of Corporations	
SUBJECT: Job1America, Inc.	
(Name of C	orporation)
DOCUMENT NUMBER: F0800002697	
The enclosed withdrawal application and fee are submi	itted for filing.
Please return all correspondence concerning this matter to the following:	
Anita Dotson	
(Name of P	Person)
Job1America	
(Firm/Con	ppany)
701 Jefferson Ave.	
(Addre	ss)
Toledo, OH 43604	
(City/State and	Zip code)
For further information concerning this matter, please ca	11:
Anita Dotson at (56	(Area Code & Daytime Telephone Number)
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
Certificate of Status Certified (	al copy is 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

Job1America, Inc.

(				
F08000002697				
(Document Number of Corporation	(if known)			
Ohio				
(Incorporated Under Laws	of)			
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct		Florida an	d here	eby
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs it	ess based on a cause of act			
The following is a current mailing address for the corporation:		SE	13	
PO Box 30317	,	CRET	NOW WITH	
(Mailing Address)		NSS:	NGV 26	
Toledo, OH 43603		- 무유 <u>- 무</u> 소	35	į.
(City/ State /Zip)		TATE ORIDA	PH 1: 34	
The corporation agrees to notify the Department of State in the fu	ture of any change in its ma	ailing add	ress.	
( luy n)	09/12/2013			_
(Signature of a director, president or officer - if in the hands of a receiver or other fourt appointed fiduciary, by that fiduciary)	(Date)			
Donovan Reynolds	President			
(Typed or printed name of person signing)	(Title of person s	signing)		٠

**FILING FEE \$35**