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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Subject: (Name of Corporation)			
DOCUMENT NUMBER:			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Michael A Connell			
/ (Name of Person)			
(Name of Person) Sty 1855 Inc (Firm/Company)			
(Firm/Company)			
(Firm/Company) 11770 Haynes Br. Rd. She 205-314 (Address) (Address) (City/State and Zip code)			
(Address)			
Alpharetta GA 30009			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Michael A Connell at (678) 297-9938 (Name of Person) (Area Code & Daytime Telephone Number)			
(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

Stop-Loss, Inc.

(Name of Corporation)		
(Document Number of Corporation (if known)		
•		
(SENS) 9		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affi	airs within the State of Florida and hereby	
voluntarily surrenders its authority to transact business or conduct aff		
Total and the second se		
This corporation revokes the authority of its registered agent in F	lorida to accept service on its behalf and	
appoints the Department of State as its agent for service of process by		
time it was authorized to transact business or conduct affairs in Floric	1a. 4~	
The following is a current mailing address for the corporation:	ASS 1	
•	55 2	
11770 Haynes Br. Rd., Ste. 205-314		
(Mailing Address)		
(Maning Address)	A 200 P	
Alpharetta, GA 30009		
(City/ State /Zip)		
(City/ State /Zip)	× 75	
The corporation agrees to notify the Department of State in the future	of any change in its mailing address.	
1/1/1.1.1.1.1.1.1/1/1/1/1	A 10 A 14 4	
- VVVVVY A OVC	4/24/11	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
records of outer count appointed fraction, by that reducinity,		
Michael A. Connell	President	
(Typed or printed name of person signing)	(Title of person signing)	
(-1kgg v. kymag mang c. kangu a Bum.P)	(

FILING FEE \$35