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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jour Send Book & Hondware (Name of Corporation)
DOCUMENT NUMBER: FOR DOOD 28/1
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Corpos Ruggles (Name of Person)
(Name of Person)
Town send Door
200 Appleton Ave / PO Box 790 (Address) 5helbeld At 35660 (City/State and Zip code)
(Address)
The held A1 35660
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (257 383-3/3/ (Name of Person) (Area Code & Daytime Telephone Number)
(Mea Code & Daytine Telephone Number)
MAILING ADDRESS. CTREET ADDRESS.

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

Townsend Door et Handwere INC. (Name of Corporation)
Fo 7 00000 28// (Document Number of Corporation (if known)
Alahama (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:
POBOX 790
POBOX 790 (Mailing Address)
The beld At 30660 Fig. 20
(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 court appointed fiduciary, by that fiduciary) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35