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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Innocorp, ltd.	
Sobolett.	(Name of Corporation)
DOCUMENT NUMBER: F080000	04356
The enclosed withdrawal application an	d fee are submitted for filing.
Please return all correspondence concernimatter to the following:	ing this
Michael Aguilar	
	(Name of Person)
Innocorp, ltd.	
	(Firm/Company)
PO Box 930064	
	(Address)
Verona, WI 53593	
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip code)
For further information concerning this m	atter, please call:
Michael Aguilar	at (608) 848-5557
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Innocorp, Itd. INC.

(Name of Corpo	ration)	
F08000004356		
(Document Number of Corpo	oration (if known)	
NA Community		
Wisconsin (Incorporated Under	r Laws of)	
his corporation is no longer transacting business or conductional surrenders its authority to transact business or confundational surrenders its authority to transact business or confundational surrenders.	•	
his corporation revokes the authority of its registered agpoints the Department of State as its agent for service of p	· · · · · · · · · · · · · · · · · · ·	
ne it was authorized to transact business or conduct affairs	in Florida	
e following is a current mailing address for the corporation	m: 21	
PO Box 930064	2	
(Mailing Addr	ess)	
Verona, WI 53593		
(City/ State /Z	Cip)	
e corporation agrees to notify the Department of State in the	he future of any change in its mailing address.	
_ Michael Rem Q_	3/16/2011	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Michael Aguilar	President	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35