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DISSOLUTION OR WITHDRAWAL NORTHEAST DEPARTMENT STORES GP, INC.

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## **COVER LETTER**

Division of Corporations	3
SUBJECT: No	ortheast Department Stores GP, Inc.
,0202017	(Name of Corporation)
OOCUMENT NUMBER:	F08000005143
The enclosed withdrawal appli	cation and fee are submitted for filing.
Please return all correspondence natter to the following:	e concerning this
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For further information concern	ing this matter, please call:
	at (
	) (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

Northeast Department Stores GP, Inc.			
(Name of Corporation)	_		
F0800005143			
(Document Number of Corporation (if known)	-		
Texas			
(Incorporated Under Laws of)			
This corporation is no longer transacting business or conducting affairs within the State of Florida voluntarily surrenders its authority to transact business or conduct affairs in Florida.	and here	by	
This corporation revokes the authority of its registered agent in Florida to accept service on its appoints the Department of State as its agent for service of process based on a cause of action arising time it was authorized to transact business or conduct affairs in Florida.	behalf a g during t	nd he	
The following is a current mailing address for the corporation:			
8214 Westchester Drive, 9th Floor			
(Mailing Address)			
Dallas, TX 75225	366		
(City/ State /Zip)		100 mg	
		<u>۔</u> دی	j.
The corporation agrees to notify the Department of State in the future of any change in its mailing at	ldress.		-
April 21, 2011		한 프	
(Signature of a director, president or other officer - if in the hands of a (Date) receiver or other court appointed fiduciary, by that fiduciary)		S.P	
Mitzi Patin Treasurer			
(Typed or printed name of person signing) (Tide of person signing)			
FILING FEE \$35			