# F07000005207

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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02/26/10--01027--003 \*\*35.00





#### **COVER LETTER**

1.	Division of Corporations				
SUBJEC					
	(Name of Corporation)				
DOCUN	MENT NUMBER: F08000005207				
The encl	osed withdrawal application and fee are submitted for filing.				
	eturn all correspondence concerning this the following:				
	William Murphy				
	(Name of Person)				
	BKB Construction, Inc.				
	(Firm/Company)				
	P.O. Box 132				
	(Address)				
	Oconto Falls, WI 54154				
	(City/State and Zip code)				
For furth	ner information concerning this matter, please call:				
Barbar	a Kushner, Office Manager at (920) 829-5925 (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



Phone: 920-829-5925 Fax: 920-829-5926

February 22, 2010

Florida Department of State Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: BKB Construction, Inc. d/b/a Bukubu, Inc.
Document Number F08000005207
Withdrawal Application

Dear Sir or Madam.

#### Attached please find

- Cover letter;
- Application for foreign corporation withdrawal of authority to transact business in Florida and
- BKB Construction, Inc. check number 25526 for the \$35:00 filing fee

Please contact our office if you have any questions or comments.

Thank you for your help.

Balan Kushin

Best Regards

Barbara Kushner Office Manager

3 attachments.

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	Bukubu, Inc. (Name of Corporation)			
_				
	F08000005207		<b>5</b> 5	
<del></del>	(Document Numb	er of Corporation (if know	(m) F8 26 T	
	Wisconsin			
	(Incorpor	ated Under Laws of)	viithin the State of Floridiand hereby	
	ation is no longer transacting business surrenders its authority to transact busing		within the state of Florida, and hereby	
appoints the time it was	ration revokes the authority of its regice Department of State as its agent for seauthorized to transact business or condung is a current mailing address for the conductions.	rvice of process based act affairs in Florida.		
	P.O. Box 132	uiling Address)		
	(	<i>6</i>		
	Oconto Falls, WI 54154			
_	(C	ty/ State /Zip)		
	ation agrees to notify the Department of		ony change in its mailing address.  02–22–2010 (Date)	
	William Murphy (Typed or printed name of person signing)	<del></del>	President (Title of person signing)	

**FILING FEE \$35**