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Account Name

: C T CORPORATION

Account Number: FCA000000023

Phone

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DISSOLUTION OR WITHDRAWAL ASSETWORKS INC.

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1/17/2014

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	JECT: Assetworks Inc.	(Name of Corpora	tion	
		(table of asthora		,
DOC	UMENT NUMBER: F08000005294			
The e	nclosed withdrawal application and	fee are submitted fo	r fil	ing.
	e return all correspondence concerning r to the following:	g this		
	Bree Belmonte			
		(Name of Person)		
	C T Corporation Syst	em		
		(Firm/Company)		
	- 111 Eighth Avenue	(Address)		
	New York, NY 10011			
	((City/State and Zip co	de)	
For fi	urther information concerning this ma	iter, please call:		
Bre	e Belmonte	st (212)	590-9310
Enclo	(Name of Person) sed is a check for the amount:	(Area (Cod	e & Daytime Telephone Number)
□ \$ 3	5 Filing Fee \$\times \text{\$\text{Ccrtificate of Status}}\$	□\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)		□\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314			STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

Assetworks Inc.

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

P08000005294	
(Document Number of Corporation (if known)	
•	
Delaware	
(incorporated Under Laws of)	
poration is no longer transacting business or conducting affairs within ily surrenders its authority to transact business or conduct affairs in Flor	rida.
poration revokes the authority of its registered agent in Florida to as the Department of State as its agent for service of process based on a it was authorized to transact business or conduct affairs in Florida.	
owing is a current mailing address for the corporation:	
	<u> </u>
5800 Explorer Drive, 5th Floor	
5800 Explorer Drive, 5th Ploor (Mailing Address)	200 4
(Mailing Address)	200 4 087
	SE ALLARY ALLARY ALLARY ALLARY
(Mailing Address) Mississauga, ON L4W 5K9	SULPH AND SULPH
(Mailing Address) Mississauga, ON L4W 5K9 (City/ State /Zip)	
(Mailing Address) Mississauga, ON L4W 5K9 (City/ State /Zip)	
(Mailing Address) Mississauga, ON L4W 5K9 (City/ State /Zip) correction agrees to notify the Department of State in the future of any characters.	unge in its mailing address.
(Mailing Address) Mississauga, ON L4W 5K9 (City/ State /Zip) constitute a preces to notify the Department of State in the future of any characteristics.	
(Mailing Address) Mississauga, ON L4W 5K9 (City/ State /Zip) coration agrees to notify the Department of State in the future of any characteristics.	unge in its mailing address.
(Mailing Address) Mississauga, ON L4W 5K9 (City/ State /Zip) correction agrees to notify the Department of State in the future of any characters.	unge in its mailing address.

FILING FEE \$35