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Withdo. C.COULLIETTE

JAN 21 2010

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJECT: C, A. J. ADVENTURES /NC (Name of Corporation)		
DOC	UMENT NUMBER:	
The e	nclosed withdrawal application and fee are submitted for filing.	
	e return all correspondence concerning this r to the following:	
	DAVID RADES	
	(Name of Person)	
	C.A.J AOVENTURES /NC. (Firm/Company)	
	P.O Box 297 (386 JORDAN RD) (Address)	
	TOCCOA, (A. 30577 (City/State and Zip code)	
For fu	orther information concerning this matter, please call:	
\mathcal{D}	(Name of Person) at (706) 344-7528 (Area Code & Daytime Telephone Number)	
•	(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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA 9 0000000 / (Document Number of Corporation (if known) GEORGIA - UNITED STATES AMERICA, (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: Box 297(Mailing Address) The corporation agrees to notify the Department of State in the future of any change in its mailing address. stignature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35