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SECRETARY OF STALL
AND SSEEL FLORIDA

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Purc levolution, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>F0960000273</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sarah Zwack
(Name of Person)
Pure Revolution Inc.
(Firm/Company)
12075 43rd & NE #400
(Address)
St. Michael, MN 55376
(City/State and Zip code)
For further information concerning this matter, please call:
Sarah Zwack a1 (763) 497-8500
(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

Pure Revolution, Inc. (Name of Corporation)		
F0900000 273 (Document Number of Corporation (if known)		
Nevada (Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida and voluntarily surrenders its authority to transact business or conduct affairs in Florida.	i hereby	
This corporation revokes the authority of its registered agent in Florida to accept service on its be appoints the Department of State as its agent for service of process based on a cause of action arising detime it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:		
12075 43rd & NE #400 30 (Mailing Address)  St. Michael, MW 55376 30 (City/State/Zip)	10 FE	
St. Michael, MN 55376		FARE
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	2: 5 SIM	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)		
(Typed or printed name of person signing)  (Title of person signing)		
FILING FEE \$35		