(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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Withdrawal adulis

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KPG Europe APS CO (Name of Corporation)
DOCUMENT NUMBER: F 09 000000 660
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald Folwell, CFO & CPA (Name of Person)
(Name of Person)
N2N Global Inc. (Firm/Company)
(Firm/Company)
585 E. State Road 434 (Address)
(Address)
Longwood, Florida 32750 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Ronald Folwell at (407) 331-5151
(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

F09 00000 660 (Document Number of Corporation (if known)	
Den mark (Europe) (Incorporated Under Laws 01)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and her voluntarily surrenders its authority to transact business or conduct affairs in Florida.	reby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	and g the
The following is a current mailing address for the corporation:	
585 E. State Road 434	SECRET DIVISION O
Long wood FL 32750	ARY OF STA
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of a effector, president or other officer - if in the hands of a receiver or other court appointed fiduciary by that fiduciary) 1/29/2013 (Date)	_
Angula Paymard (Typedor printed name of person signing) Owner PD (Title of person signing)	-

FILING FEE \$35