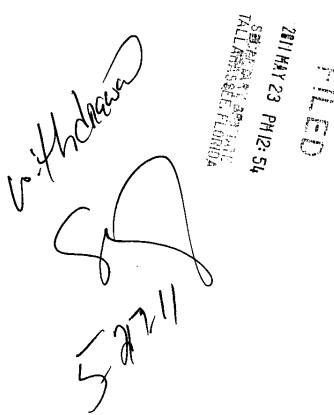
(Requestor's Name) (Address)	0002079216
(Address) (City/State/Zip/Phone #)	00020792 05/23/11-01044-50
PICK-UP WAIT MAIL	05/23/110104400
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	Maria
	V

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1,640)4 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Withdraw Auth	ority to Conduct Business in Florida
	(Name of Corporation)
DOCUMENT NUMBER: F09	900001050
The enclosed withdrawal applica	ation and fee are submitted for filing.
Please return all correspondence of matter to the following:	concerning this
David Liebl	
	(Name of Person)
NewWave Restora	ation, Inc.
	(Firm/Company)
PO Box 1685	
	(Address)
Duluth, GA 30096	
•	(City/State and Zip code)
For further information concerning	g this matter, please call:
David Liebl	at (770) 845-0780
(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

NewWave Restoration, Inc.		
(Name	e of Corporation)	
F0900001050		2011 SE
(Document Numb	er of Corporation (if known)	TAY T
Georgia		23
(Incorpora	ated Under Laws of)	MIZ: S
This corporation is no longer transacting business voluntarily surrenders its authority to transact busin		
This corporation revokes the authority of its regis appoints the Department of State as its agent for set time it was authorized to transact business or condu	rvice of process based on a cause o	
The following is a current mailing address for the co	orporation:	
PO Box 1685		
(Ma	iling Address)	
Duluth, GA 30096		
(Cit	ty/ State /Zip)	
The corporation agrees to notify the Department of	State in the future of any change in	its mailing address.
Det.	May 17, 20	11
(Signature of a director, president or other officer - if in the receiver or other court appointed fiduciary, by that fiduciary.	hands of a (i	Date)
David Liebl	CEO	

FILING FEE \$35

(Title of person signing)

(Typed or printed name of person signing)