

F09000000256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
13 MAR -4 AM 9:10

Withdrawal
@ 3/6/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAXINE'S BOOKKEEPING CORP

(Name of Corporation)

DOCUMENT NUMBER: F090000002156

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAXINE BOWMAN

(Name of Person)

(Firm/Company)

233 E SCARLET OAK DR

(Address)

COOPERSVILLE, MI 49404

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

S35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
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

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

MAXINE'S BOOKKEEPING CORP.

(Name of Corporation)

FD9000002154

(Document Number of Corporation (if known))

MICHIGAN

(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:

233 E SCARLET OAK DRIVE

(Mailing Address)

COOPERSVILLE, MI 49404

(City/ State /Zip)

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The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Maxine Bowman
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2-26-2013

(Date)

MAXINE BOWMAN

(Typed or printed name of person signing)

Pres.

(Title of person signing)

FILING FEE \$35