F0900003347

(Requestor's Name)	_		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)	-		
PICK-UP WAIT MAIL			
(Business Entity Name)	-		
(Document Number)			
Certified Copies Certificates of Status	-		
Special Instructions to Filing Officer:]		
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COVER LETTER

	endment Section rision of Corporations			
SUBJECT:	: Citizens Homes, Inc.			
(Name of Corporation)				
DOCUME	NT NUMBER: <u>F0 900000 3347</u>			
The enclose	ed withdrawal application and fee are submitted for filing.			
	rn all correspondence concerning this ne following:			
	KEVIN GLOVER			
,, 10 . 10 . 11	(Name of Person)			
G	(Firm/Company)			
<u> </u>	(Firm/Company)			
	PO BOX 481962			
	PO Box 481962 (Address)			
	CHARLOTTE, NC Z8269 (City/State and Zip code)			
	(City/State and Zip code)			
For further	information concerning this matter, please call:			
<u> </u>	(Name of Person) at (704) 947-7144 (Area Code & Daytime Telephone Number)			
	CTREET ADDRESS.			

STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING 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

Citizens Homes, Inc.

(Name of Corporation	n)	
F09000003347	N.C.	2011
(Document Number of Corporation	on (if known)	HAR
Delaware	in the control of the	=
(Incorporated Under Law	vs of)	AM 8: 1
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting		nereby
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proce time it was authorized to transact business or conduct affairs in F	ess based on a cause of action arising of	
The following is a current mailing address for the corporation:		
P.O. Box 481962		
(Mailing Address)		
Charlotte, NC 28262		
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the fo	uture of any change in its mailing addr	ess.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Scott K. Thorson	President	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35