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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: JDC of ORG (Name of Corporation	GON, INR
	(Name of Corporation	n)
DOCU	JMENT NUMBER: F0900000 351	9
The en	closed withdrawal application and fee are submitted for f	iling.
	return all correspondence concerning this to the following:	
	DONNA L. (Name of Person)	neg y
	JAC of C	PEGON, INC
	(Firm/Company)	
	JDC of C (Firm/Company) 6797 EAGLE RID (Address)	ge Blvd
	LAKEIAND F1	
	(City/State and Zip code	<del>)</del>
	rther information concerning this matter, please call:	
	(Name of Person) at (863)  (Area Control of the amount:	de & Daytime Telephone Number)
<b>∀</b> \$35	Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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

(Name of Corporation)
(Name of Corporation)
F 0 90 00 00 3519 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
OREGON (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:
6797 EAGLE RIDGE Blvd F.
LAKEIAND, FL 33813
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
The corporation agrees to notify the Department of State in the future of any change in its mailing address.  (Signature of a director, president or other officer - if in the handrof a receiver or other court appointed fiduciary, by that fiduciary)  (City/ State /Zip)  2/26/2016  (Date)
ONNA L MEGY President  (Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35**