F09000004784

(Re	questor's Name)	
(Ad	dress)	
(Adı	dress)	
•	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Du		ne,
. (Do	cument Number)	
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Withdrawa

04/02/10--01013--007 **35.00



MR 4/5/10

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Capital Claims, Inc.			
(Name of Corporation)			
DOCUMENT NUMBER: F0900004784			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Thomas D. Martens			
(Name of Person)			
Capital Claims, Inc.			
(Firm/Company)			
6605 SW 69th Avenue			
(Address)			
South Miami, FL 33143			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Thomas D. Martens at (305) 469-0497			
(Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: STREET ADDRESS:			

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

Capital Claims, Inc.	
(Name of	Corporation) TALLAHAS
F0900004784	HAZA R
State of Georgia, USA	Under Laws of)
This corporation is no longer transacting business or coluntarily surrenders its authority to transact business	conducting affairs within the State of Florida and hereby or conduct affairs in Florida.
	ed agent in Florida to accept service on its behalf and e of process based on a cause of action arising during the ffairs in Florida.
The following is a current mailing address for the corporate	oration:
6605 SW 69th Avenue	
(Mailing	g Address)
South Miami, FL 33143	
The corporation agrees to notify the Department of Sta	
(Signature of a director, president br other officer - if in the han receiver or other court appointed fiduciary, by that fiduciary)	March 30, 2010 (Date)
Thomas D. Martens	Chairman

FILING FEE \$35

(Title of person signing)

(Typed or printed name of person signing)