## F10000000827

(Req	uestor's Name)	
(Address)		
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
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(Document Number)		
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## **COVER LETTER**

Division of Corporations	,	
SUBJECT: Olsson Associates Inc	C.	
	(Name of Corpo	oration)
DOCUMENT NUMBER: F1000000	0827	
The enclosed withdrawal application and	fee are submitted	for filing.
Please return all correspondence concerning matter to the following:	g this	
June Snyder	·	
	(Name of Perso	on)
Olsson Associates Inc.		
	(Firm/Compan	y)
P.O box 84608		
	(Address)	
Lincoln, NE 68501-4608		•
	City/State and Zip	code)
For further information concerning this ma	tter, please call:	•
June Snyder	at (402	<sub>)</sub> 458-5961
(Name of Person)	(Are	ea 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

Olsson Associates,Inc	·
(Name of Corporation)	
F1000000827	
(Document Number of Corporation (if	known)
Nebraska	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affavoluntarily surrenders its authority to transact business or conduct affa. This corporation revokes the authority of its registered agent in Flappoints the Department of State as its agent for service of process battime it was authorized to transact business or conduct affairs in Florida.	airs in Florida.  Orida to accept service on its behalf and ased on a cause of action arising during the
The following is a current mailing address for the corporation:	12 JAN SECKE! TALLAH!
P.O Box 84608	5 7
(Mailing Address)  Lincoln NE, 68501-4608  (City/ State /Zip)	PH 2: 10 E, FLORIDA
The corporation agrees to notify the Department of State in the future  (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	of any change in its mailing address.    1-9-12   (Date)
Melissa Newton  (Typed or printed name of person signing)	Vice President (Title of person signing)

**FILING FEE \$35**