F100000002382

(Re	equestor's Name)	
(110	question o realitor	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
		,
Special Instructions to	Filing Officer:	
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MAR 8 2016 C LEWIS

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: American Land Development US Inc	
	(Name of Corporation)	
DOC	UMENT NUMBER: F10000002382	
The er	enclosed withdrawal application and fee are submitted for filing.	
	e return all correspondence concerning this er to the following:	
	Dorene G Varbero	
	(Name of Person)	_
	American Land Development US Inc	_
	(Firm/Company)	_
	10400 O'Donnell Place, Suite 200,	
	(Address)	_
	St. Charles, MD 20603	
	(City/State and Zip code)	_
For fu	arther information concerning this matter, please call:	
Dorenc	at (301 843-8600	
Enclos	(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number of Seed is a check for the amount:	er)
\$35	5 Filing Fee \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	
	MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314

v 3

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

(Name of Corporation)

American Land Development US Inc

(Document Number of Corporation	ı (if known)
MD	
(Incorporated Under Laws	of)
rporation is no longer transacting business or conducting rily surrenders its authority to transact business or conduc	
rporation revokes the authority of its registered agent in s the Department of State as its agent for service of proc e it was authorized to transact business or conduct affairs i	ess based on a cause of action arising
owing is a current mailing address for the corporation:	16
10400 O'Donnell Place, Suite 200,	16 HAR
(Mailing Address)	
St. Charles, MD 20603	r
St. Charles, MD 20603 (City/ State /Zip)	
(City/ State /Zip)	
poration agrees to notify the Department of State in the full when the f	ture of any change in its mailing addr

FILING FEE \$35