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## **COVER LETTER**

TO: Amendment Section			
Division of Corporations			
SUBJECT: Science and Technology Associates Inc. (Name of Corporation)			
DOCUMENT NUMBER:			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Mastine L. ORCORAN			
Science and Technology Associates Inc			
4100 N FAZETAX De Suite 910			
(Address)  (Address)  (Civ.(System of Zin and z)			
(City/State and Zip code)			
For further information concerning this matter, please call:    CRUPH   at   103   50-5123			
(Name of Person) (Area Code & Daytime Telephone Number)			

## **MAILING ADDRESS:**

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

## **STREET 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

Scence And Technology Hosocintes Inc (Name of Corporation)
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Flerida 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:
4100 N FARTANDR Jute 910 (Mailing Address)
ARINGEN JA 22203
(edg, emep)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
CHRISTINE L. CORCORAN CONTROLLER
(Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**