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COVER LETTER

TO: Amendment Section		
Division of Corporations	_	
SUBJECT: Art Studio La Pal	lette Inc	
	(Name of Corpora	•
DOCUMENT NUMBER: 3341-69	90 FEIN	N 26-3747162
The enclosed withdrawal application and f	ee are submitted fo	or filing.
Please return all correspondence concerning matter to the following:	this	
August knapen		
	(Name of Person)	
Art Studio La Paleti	te INC	
	(Firm/Company)	
2700 53 St. W		
	(Address)	
Lehigh Acres FL 33	3971	
(C	ity/State and Zip co	ode)
For further information concerning this matter	er, please call:	
Knapen	_{at (} 630	699 0745
(Name of Person) Enclosed is a check for the amount:		Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

Art Studio La Palette

3341-6990	
(Document Numbe	r of Corporation (if known)
Illinois	
(Incorpora	ted Under Laws of)
voluntarily surrenders its authority to transact busine	
	tered agent in Florida to accept service on its behalf and arrivice of process based on a cause of action arising during duct affairs in Florida.
The following is a current mailing address for the co	orporation:
2700 53 St. W	5
(Mai	ing Address)
Lehigh Acres FL 3397	26
(City	// State /Zip)
The corporation agrees to notify the Department of S	بي ج State in the future of any change in its mailing address.
	1/17/2015
Signature of a director, president or other officer - if in the receiver or other court appointed fiduciary, by that fiduciary	
August Knapen	Mr
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35