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(Re	equestor's Name))
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(Ci	ity/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Cooper Gay Risk Services,	Inc.
	e of Corporation)
DOCUMENT NUMBER: Withdrawal	
The enclosed withdrawal application and fee are	
Please return all correspondence concerning this matter to the following:	
Charles Warner	
(Nam	e of Person)
Broadcast Finance, Inc.	
. (Firm	/Company) _{oo} ,
1604 Chicago Ave., Ste. 6	- · · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	Address)
Evanston, IL 60201	
	e and Zip code)
For further information concerning this matter, plea	use call:
•	(847) 328-4070
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

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

Cooper Gay Risk Services, Inc.

(14am	c of corporation)
F1000003923	
	er of Corporation (if known)
(S. T. T.
	Fuel St.
New York	
(Incorpora	ated Under Laws of)
	P
This corporation is no longer transacting business voluntarily surrenders its authority to transact busin	or conducting affairs within the State of Florida and hereby ess or conduct affairs in Florida.
	stered agent in Florida to accept service on its behalf and rvice of process based on a cause of action arising during the ct affairs in Florida.
The Cillerian is a summer will be added for the	
The following is a current mailing address for the co	orporation:
7000 McCinnia Form, Dood C	to 200
7230 McGinnis Ferry Road, S	iling Address)
(IVIA	illig Address)
Suwanee, GA 30024	
(Cit	y/ State /Zip)
$T \sim 0$ or	State in the future of any change in its mailing address.
is property	./ /
	//28///
(Signature of a director, president or other officer - if in the receiver or other court appointed fiduciary, by that fiduciary	hands of a (Date)
in the state of th	-57
	Onemakan
Peter Gorman	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35