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SECRETARY OF STATE TALLAHASSEE. FLORIDA

14 SEP 15 PH 2: 30

APPROVED AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations	
Konnoth longs &	Associates Inc
SUBJECT: Neimeth Jones of	(Name of Corporation)
DOCUMENT NUMBER, 29256	(Name of Corporation)
DOCUMENT NUMBER: 29256	
The enclosed withdrawal application and for	ee are submitted for filing.
Please return all correspondence concerning matter to the following:	this
Kenneth Jones	
	(Name of Person)
Kenneth Jones & A	ssociates, Inc.
	(Firm/Company)
700 S. Schiller	
	(Address)
Little Rock, AR 722	201
	ity/State and Zip code)
For further information concerning this matte	er, please call:
Jackie Jernigan	at (501) 379-8139
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
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 Tallahassec, FL. 32301

Tallahassee, FL.32314

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

Kenneth Jones & Associates, Inc.

(Name of Corporat	tion)	
29256		
(Document Number of Corpora	ation (if known)	
Arkansas		
(Incorporated Under I	_aws of)	
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or conduct	-	
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of p the time it was authorized to transact business or conduct affa	process based on a cause of action arising during	
The following is a current mailing address for the corporation	:	
700 S. Schiller		
(Mailing Addres	is)	
Little Rock, AR 72201		
(City/ State /Zip	TALL SE	
The corporation agrees to notify the Department of State in th	e future of any change in its mailing and ess.	
(Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	9/9/14 EE F STATE ORIDA (Date) ORIDA	
Kenneth L. Jones	President	
(Typed or printed name of person signing)	(Title of person signing)	