# F10000000046860

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200191707192

01/27/11--01012--021 \*\*35.00

SECRETARY OF STATE DIVISION OF CORPORATION

Withdrowal no 1/28/11

#### **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE	CT: Imprezzio, In C (Name of Corporation)
DOCU	MENT NUMBER: <u>F10000004686</u>
The end	closed withdrawal application and fee are submitted for filing.
	return all correspondence concerning this o the following:
	(Name of Person)
	Imorezzio Inc (Firm/Company)
	108 N Washington 7nd Flr
	Spokane WA 99201 (City/State and Zip code)
For furt	her information concerning this matter, please call:  He Vienhage at (806) 8474515 V1301
~	(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

(Name of Corporation)
(Document Number of Corporation (if known)  Washington Store  (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida 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:
108 N Washington St 2nd Floor (Mailing Address)
Spokane WA 99201 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.  (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
Talari CO (Typed or printed name of person signing)  (Title of person signing)

FILING FEE \$35