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## DISSOLUTION OR WITHDRAWAL MASS OPERATING GROUP, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	•
SUBJECT: Mass Operating Group, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: F10000005136	•
The enclosed withdrawal application and	d fee are submitted for filing.
Please return all correspondence concerning matter to the following:	ng this
Lou Ann Morse	
	(Name of Person)
Aspan Square Management, Inc.	
	(Firm/Company)
380 Union St., Suite 300	•
	(Address)
West Springfield, MA 01089	
(6	City/State and Zip code)
For further information concerning this ma	tter, please call:
Lou Aan Morre	at (413 ) 439-6381
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING 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

Mass Operating Group, Inc.

(Name of Corporation)
DIAAAAAAA
P10000005136 (Document Number of Corporation (if known)
(Document (aminot of Corbonation (in Ritown)
Massaohusetts
(Incorporated Under Laws of)
2
This corporation is no longer transacting business or conducting affairs within the State of Florida and her
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
appoints the Department of State as its agent for service of process based on a cause of action arising during
time it was authorized to transact business or conduct affairs in Florida.
The following is a survey a will as a delices for all a survey.
The following is a current mailing address for the corporation:
380 Union Street, Suite 300
(Mailing Address)
·
West Springfield, MA 01089
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
$\sim 1/h \mathcal{N}$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Supplier of a director, president of other officer - If in the hands of a (Date)  receives or other court appointed fiduciary, by that fiduciary)
/ Indiana and Appleants managery, of the managery,
Jeffrey M Strole John Harrelson, Assistant Treasurer
Assistant Vice President
(Typed or printed matter of person signing)  (Title of person signing)

FILING FEE \$35