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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: New Sky Ventures, Inc. (Name of Corporation)		
• • • • • • • • • • • • • • • • • • • •		
DOCUMENT NUMBER: F1000000 5398		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
(Name of Person)		
(Firm/Company)		
(1 min Company)		
(Address)		
Osprey FL 34229 (City/State and Zip code)		
(City/State and Zin code)		
For further information concerning this matter, please call:		
(Name of Person) at (941) (Area Co	685-5542	
(Name of Person) (Area Co	de & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
\	Tallahassee, FL 32301	

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

New Sky Ventures, Inc. (Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
(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:
(Mailing Address)
(Mailing Address)
(Mailing Address) (Sprey FL 34227 (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 (Date)
receiver or other court appointed fiduciary, by that fiduciary)
(Typed or printed name of person signing) (Typed or printed name of person signing) (Title of person signing)
FILING FEE \$35