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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COT ENTER PRISES OF SISCOUNT, INC. (Name of Corporation)
DOCUMENT NUMBER: F \ 000005538
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUDAN TANKERSIEU
(Name of Person)
GOT DIRLINE GROWD Suffort, INC. (Firm/Company)
(rmi/company)
P.O.BOX 88052
(Address)
MoBily LL 3668
(City/State and Zip code)
For further information concerning this matter, please call:
2000 TANKERS/EN at (251 X633-3888 EXT 107
(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)	,
<u>Alarama</u>	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida ar 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 be appoints the Department of State as its agent for service of process based on a cause of action arising of time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	. 🔾 .
P. D. Box 08052 (Mailing Address)	新疆界。 II MAR 29
(Mailing Address)	29 SE
	AN III : 09
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing addr	ess.
(Mignature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) 3 (Date)	,
TEAD O. RAIDES CHARLEONIAN (Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35