F10000005675

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations			
TRIVEDI EQUINDATION INC	,		
SUBJECT: (Name of Corporation	n)		
DOCUMENT NUMBER: F10000005675			
DOCUMENT NUMBER:	-		
The enclosed withdrawal application and fee are submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning this matter to the following the submitted for fill Please return all correspondence concerning the submitted for fill Please return all correspondence concerning the submitted fill Please	-		
SUZANNE M. LINCOLN			
(Name of Person)			
TRIVEDI FOUNDATION, INC.			
(Firm/Company)			
15111 N. HAYDEN ROAD, SUITI	E 160-305		
(Address)			
SCOTTSDALE, AZ 85260			
(City/State and Zip code))		
For further information concerning this matter, please call:			
SUZANNE LINCOLN at 480	320-3707		
(Name of Person) (Area Cod Enclosed is a check for the amount:	le & Daytime Telephone Number)		
\$\sqrt{\$35}\$ Filing Fee \$\sqrt{\$43.75}\$ Filing Fee \$\sqrt{\$Certificate of Status}\$ Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified		
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 Tallahassee, FL. 32301		

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

TRIVEDI FOUNDATION, INC.		
(Name of Corporation)		
F1000005675		•
(Document Number of Corporation	(if known)	
IOWA		
(Incorporated Under Laws of	of)	
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proce the time it was authorized to transact business or conduct affairs in	affairs in Florida. Florida to accept service on its behaless based on a cause of action arising d	lf and
The following is a current mailing address for the corporation:	TAS 21	
15111 N. HAYDEN ROAD, SL	JITE 160-305 🚆 🔭	ηĺ
(Mailing Address)	ARY ASSE	
SCOTTSDALE, AZ 85260	P P F	TI D
(City/ State /Zip)	ATE PRIDA	
The corporation agrees to notify the Department of State in the fut	ture of any change in its mailing address	5.
Sizillingo	05/03/2012	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
SUZANNE M. LINCOLN	CFO	
(Typed or printed name of person signing)	(Title of person signing)	_

FILING FEE \$35