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| (Re | questor's Name |) |
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ABrown 12-30-11

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: W Design Associates, Inc. | | |
| (Name of Corporation) | | |
| DOCUMENT NUMBER: F10000005688 | | |
| The enclosed withdrawal application and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Greg A. Wolford | | |
| (Name of Person) | | |
| W Design Associates, Inc. | | |
| (Firm/Company) | | |
| P. O. Box 99, 214 East 1st Street | | |
| (Address) | | |
| McCook, NE 69001 | | |
| (City/State and Zip code) | | |
| For further information concerning this matter, please call: | | |
| Irene Johnson at (308) 345-2370 | | |
| (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

(Title of person signing)

| W Design Associates, Inc. | |
|---|--|
| . (Name o | of Corporation) |
| | |
| F1000005688 | 55.72 |
| (Document Number | of Corporation (if known) |
| | |
| Nebraska | |
| (Incorporate | ed Under Laws of) |
| voluntarily surrenders its authority to transact busines. This corporation revokes the authority of its register. | ered agent in Florida to accept service on its behalf and ice of process based on a cause of action arising during the |
| | |
| The following is a current mailing address for the cor | poration: |
| P. O. Box 99 | |
| | ng Address) |
| McCook, NE 69001 | State /Zip) |
| The corporation agrees to notify the Department of St | ate in the future of any change in its mailing address. |
| Mr. Laston | December 20, 2011 |
| (Signature of a director, president or other officer - if in the har receiver or other court appointed fiduciary, by that fiduciary | nds of a (Date) |
| Greg A. Wolford | President |

FILING FEE \$35

(Typed or printed name of person signing)