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PREMIER BPO, INC.

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COVER LETTER

	Amendment Section Division of Corporations		
	DDEMIED DDO	INC.	
SUBJE	Cr:	(Name of Corporati	ion)
DOCUI	MENT NUMBER: F110000	•	· · · · · · · · · · · · · · · · · · ·
	losed withdrawal application and return all correspondence concerning		-
	Karina Pulskamp		
		(Name of Person)	
	Registered Agent S	olutions, Inc	
		(Firm/Company)	
	1701 Directors Blvd	. Ste. 300	
		(Address)	
	Austin, TX 78744		
	((City/State and Zip coo	de)
For furt	her information concerning this mat	ter inlease call:	
	na Pulskamp		705-7274
Enclose	(Name of Person) and is a check for the amount:	(Area C	ode & Daytime Telephone Number)
[] \$35]	Filing Fee \$\bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	\$43.75 Filing Fee Certified Copy (Additional copy 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

PREMIER BP	O, INC.	
	(Name of Corporation)	112 OC
F11000000026		<u> </u>
	(Document Number of Corporation (if known)	7
Nevada		2: 09
	(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:

102 COUNTRY LANE SUITE B (Mailing Address) CLARKSVILLE TN 37043 (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 receiver or other court appointed fiduciary, by that fiduciary)

(Date)

STEVEN M. KAWALICK

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35