# F11000000255

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(Address)		
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FILLO SLOKETARY OF SIGN ONISION OF CORPORATIONS

#### **COVER LETTER**

TO: Amendment Section  Division of Corporations	
SUBJECT: GROSAL HIGHLINIS (Name of	ADVINSTURIES WITHORAUL Corporation)
DOCUMENT NUMBER:/	
The enclosed withdrawal application and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter to the following:    ATKING	S Person)
•	ME AUVIENTURIES  ompany)
P.O. Box 293	
Chyoje PARK (City/State ar	MT 590/8 nd Zip code)
For further information concerning this matter, please of	call:
(Name of Person) at (	(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

CROSAN HIGHMUTE ADVITURES, INC.
(Name of Corporation)
F11000000255
(Document Number of Corporation (if known)
WYOMING (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:
Po, Box 293 (Mailing Address)
(Mailing Address)
Chypie Park, MT 59018 (City/State/Zip)
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
THE FEB WITH 2011
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
PARENTE PARENT
(Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**