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MAY - 2 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lifetogo Inc (Name of Corporation)
DOCUMENT NUMBER: _F400 000 4059
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Fran Gross Man (Name of Person)
4521 PGA Blup, PMB 359 Palm Beach Gardon, Fl 33418 (City/State and Lip code)
For further information concerning this matter, please call: Tran Coss Man at 66 630 550 (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

The togo, INC.

(Name of Corpolation)

The togother of Corporation (if known)

The 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:

The corporation agrees to notify the Department of State in the future of any change in its mailing aldress.

(Signature of director, president or opter) theorer if in the hands of a receiver or other court appointed fiduciary, by that fiduciary

(Typed or printed name of person signing)

(Mailing Address)

(City/ State / Zpp)

(City/ State / Zpp)

(Signature of director, president or opter) theorer if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Date)

(Typed or printed name of person signing)

FILING FEE \$35