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withdrawal

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COVER LETTER

FO: Amendment Section Division of Corporations			
	PRESIDENT, INC.		
SUBJECT: ROWINEY FOR P	(Name of Corporation)		
DOCUMENT NUMBER: F110000	• •		
DOCUMENT NUMBER: FITOUUC			
The enclosed withdrawal application and	fee are submitted for filing.		
Please return all correspondence concerning matter to the following:	g this		
RENAE DUNCAN,	CPA		
	(Name of Person)		
ATCHLEY & ASSOCIATES, LLP			
	(Firm/Company)		
6850 AUSTIN CEN	TER BLVD STE 180		
	(Address)		
AUSTIN, TX 78731			
	City/State and Zip code)		
For further information concerning this mat	tter place cell		
RENAE DUNCAN, CPA	•		
(Name of Person)	at (Area Code & Daytime Telephone Number)		
Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)		
-	□\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) □\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	ed)	
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

ROMNEY FOR PRESIDENT, IN	NC.
(Name of Corporation)	Ġ.
F11000002587	TS IS
(Document Number of Corporation (if	known)
MASSACHUSETTS	known)
· (Incorporated Under Laws of)	ų, o
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct af	airs within the State of Florida and hereby
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F	based on a cause of action arising during
The following is a current mailing address for the corporation:	
585 COMMERCIAL STREET	
(Mailing Address)	
BOSTON, MA 02109	*
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	e 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)	2 1 12 (Date)
DARRELL CRATE	TREASURER/DIRECTOR
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35