F11000003541

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NOVACK PROPER	RTIES, INC.
	(Name of Corporation)
DOCUMENT NUMBER: F11000	003541
The enclosed withdrawal application	and fee are submitted for filing.
Please return all correspondence concer matter to the following:	ning this
THOMAS NOVACK	
	(Name of Person)
NOVACK PROPERTIE	ES, INC.
	(Firm/Company)
PO BOX 1481	
*****	(Address)
SPRINGFIELD, OR 97	477
	(City/State and Zip code)
For further information concerning this	matter, please call:
THOMAS NOVACK	at (541) 345-1324
(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

NOVACK PROPERTIES, INC.	•
(Name of Corpor	ation)
	oration (if known)
F11000003541	1/2 3 V
(Document Number of Corpo	ration (if known)
OREGON	2.6
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivity to transact business or conductivity in the conductivity to transact business or conductivity to	nduct affairs in Florida.
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of pr time it was authorized to transact business or conduct affairs	ocess based on a cause of action arising during the
The following is a current mailing address for the corporation	· 1:
PO BOX 1481	
(Mailing Addre	ess)
SPRINGFIELD, OR 97477 (City/ State /Zi	
(City) State /Zi	P)
The corporation agrees to notify the Department of State in the	ne future of any change in its mailing address.
Moman ovalle	3/27/2012
Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
THOMAS NOVACK	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35