F12000001965

(Requestor's Name)			
(Address)			
(A.))		
(Address)			
(City/State/Zip/Phone #)			
,	,	,	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
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Special Instructions to Filing Officer:			
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SECRETARY OF STATE CORPORATION OF CORPORATION

withdrawal

SEP 1 3 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: By Smith, Inc.		
	(Name of Corpora	ation)
DOCUMENT NUMBER: F120000	01965	
The enclosed withdrawal application and f Please return all correspondence concerning		
Joe M. Chambers		
	(Name of Person)
Johnston Hinesley F	lowers Cle	nney & Turner, P.C.
	(Firm/Company)	
P.O. Box 2246		
	(Address)	
Dothan, Alabama 36	302	
(C	ity/State and Zip c	ode)
For further information concerning this matt	er, please call:	
Joe M. Chambers	at (334	,793-1115
(Name of Person) Enclosed is a check for the amount:		Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional cop 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

By Smith, Inc.	<u> </u>
(Name of	Corporation)
F12000001965	Corporation)
(Document Number of	Corporation (if known)
Delaware	7
(Incorporated	Under Laws of)
This corporation is no longer transacting business or columnarily surrenders its authority to transact business	conducting affairs within the State of Florida and hereby or conduct affairs in Florida.
	ed agent in Florida to accept service on its behalf and ice of process based on a cause of action arising during uct affairs in Florida.
The following is a current mailing address for the corp	oration:
195 CHRYSTIE ST, SU	
(Mailing	g Address)
New York, NY 10002	
(City/ S	State /Zip)
The corporation agrees to notify the Department of Sta	ate in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the har receiver or other court appointed fiduciary, by that fiduciary)	nds of a (Date)
Smith Sinrod	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35