F13000005014

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Oity/Otate/Zip/r Horie #)
PICK-UP WAIT MAIL
(Business Entity Name)
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T. LEMIEUX



COVER LETTER

TO:	Amendment Section Division of Corporations
CUDI	Alevo Analytics , Inc.
SUB	(Name of Corporation)
	F13000005014
DOC	UMENT NUMBER:
The e	nclosed withdrawal application and fee are submitted for filing.
Please	e return all correspondence concerning this r to the following:
	Larry Ostema
	(Name of Person)
	Alevo Analytics, Inc
	(Firm/Company)
	2321 Concord Pkwy S
	(Address)
	Concord, NC 28027
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
	at ()
Enclos	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:
] \$35	Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)
	MAILING ADDRESS: STREET ADDRESS:
	Amendment Section Amendment Section Division of Corporations Division of Corporations
	Division of Corporations

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Alevo Analytics, Inc.

	(traine of Corporation)
F1:	300005014
	(Document Number of Corporation (if known)
De	iaware
	(Incorporated Under Laws of)
This corpora voluntarily si	tion is no longer transacting business or conducting affairs within the State of Florida and hereby urrenders its authority to transact business or conduct affairs in Florida.
This corpora	tion revokes the authority of its registered agent in Florida to accept service on its behalf and Department of State as its agent for service of process based on a cause of action arising during as authorized to transact business or conduct affairs in Florida.
	g is a current mailing address for the corporation:
	21 Concord Pkwy S
	(Mailing Address)
Cor	ncord, NC. 28027
	(City/ State /Zip)
The corporati	ion agrees to notify the Department of State in the future of any change in its mailing address.—
(Signate receive	ure of a director, president or other officer - if in the hands of a er or other court appointed fiduciary, by that fiduciary) (Date)
_Pe-	Typed or printed name of person signing) (Title of person signing) (Title of person signing)

FILING FEE \$35