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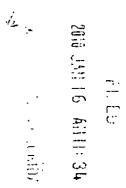
(Re	equestor's Name)	
(Address)		
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations	
<u>-</u>	
SUBJECT: Subject Subje	
(Name of Corpo	oration)
DOCUMENT NUMBER:	
The enclosed withdrawal application and fee are submitted	for filing.
Please return all correspondence concerning this matter to the following:	
(Name of Perso	
(Name of Perso	en)
Exite Interest	or a company of the
(Firm/Company	y)
(Address)	
(Address)	
(City/State and Zip	٤
(City/State and Zip	code)
For further information concerning this matter, please call:	
(Name of Person) at (7)	1 75 1525
(Name of Person) (Area Enclosed is a check for the amount:	a Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing I Certificate of Status Certified Copy (Additional co Enclosed)	Certificate of Status & Certified
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Amendment Section	
Division of Communications	Divinia a P. Chamanatana

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314

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 (1)

(Name of Corpora	Land Car
(Name of Corpora	tion)
_	
(Document Number of Corpor	ation (if known)
(Incorporated Under I	
(Incorporated Under I	.aws of)
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or con	
This corporation revokes the authority of its registered ages appoints the Department of State as its agent for service of put the time it was authorized to transact business or conduct affa	rocess based on a cause of action arising during
The following is a current mailing address for the corporation	:
(Mailing Addres	, ^
(Mailing Addres	8)
.* .	
(City/ State /Zip	<u> </u>
(City) State 12.tp	,
The corporation agrees to notify the Department of State in th	e future of any change in its mailing address.
OOM	A
Signature of director president or other officer of in the hands of a receiver prother count appointed fiduciar, by that fiduciary)	01-12-2617 (Date)
(ceciver or other court appointed fiduciary by that fiduciary)	,,
~	:1
(Typed or printed name of person signing)	(Title of person signing)
(1) has at leasted amore of herson silterial)	(rice or person againg)

FILING FEE \$35