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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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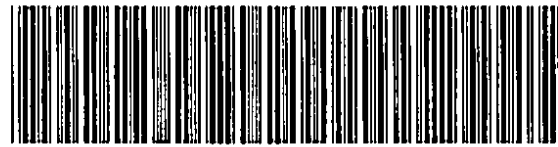
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Shelby Corp. (11-11-11)  
(Name of Corporation)

DOCUMENT NUMBER: 11-11-11-11

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelby Corp.  
(Name of Person)

Shelby Corp.  
(Firm/Company)

11-11-11-11  
(Address)

11-11-11-11  
(City/State and Zip code)

For further information concerning this matter, please call:

Shelby Corp. at ( 11-11 ) 11-11-11  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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**

**FILING FEE \$35**