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(((H170000231613)))



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Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

JAN 26 2017 Phone

Account Number : FCA000000023

(614)280-3338

R. WHITE

Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL POWEROBJECTS, INC.

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## **COVER LETTER**

TO:	Amendment Division of	Section Corporations			
SUBJ	ECT: POWE	RTEAM, INC.			
	and the second desirable d	**************************************	(Name of Corporat	ion)	
DOCUMENT NUMBER: F14000003706  The enclosed withdrawal application and fee are submitted for filing.					
					•••
	return all cor to the follow	respondence concerning ing:	; this		
	<b>,, -</b>	<del></del>	(Name of Person)		<del></del>
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	1200 South	Pine Island Road			
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	Ame Divi P.O.	ILING ADDRESS: endment Section sion of Corporations Box 6327 phassee FL 32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahasson FL 32301	

POWERTEAM, INC.

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

	(Name of Corporation	n)
	F14000003706	
	(Document Number of Corporation	on (il'known)
•	MN	
	(Incorporated Under Lav	vs 00
This co	orporation is no longer transacting business or conducting urily surrenders its authority to transact business or condu	g affairs within the State of Florida and hereby
appoint	orporation revokes the authority of its registered agent ts the Department of State as its agent for service of pro e it was authorized to transact business or conduct affairs	cess based on a cause of action arising during
The fol	llowing is a current mailing address for the corporation:	5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	718 WASHINGTON AVE N	
	(Malling Address)	# 7 (S)
	MINNEAPOLIS, MN 55401	
Theyan	(City/ State /Zip)  poration agrees to notify the Department of State in the f	inture of one above in its mailing address
		1/17/2017
,	(Spentific of a director, president or other officer - if in the hands of a deceiver or other court appointed fiduciary, by that fiduciary)	(Date)
	James Sheehan	Secretary
	(Typed or printed name of person signing)	(Title of person signing)
	DV 11/2 DDD 44	_

FILING FEE \$35