## 715000003866

(Requestor's Name)	
(Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: NORTHBAY PROPERT	Y SOLUTIONS INC
/ (Na	me of Corporation)
DOCUMENT NUMBER:F15000	0002866
The enclosed withdrawal application and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
Powald WILSON	
(Na	ame of Person)
NORTHBAY PROPE	ame of Person)  FRIY SOLUTIONS, INC.  irm/Company)
(Fi	rm/Company)
_ 3839 TOWER Rd	
	(Address)
TAMA FL	33614 State and Zip code)
(City/S	state and Zip code)
For further information concerning this matter, p	
Dowald Wilson	at (954) 305-8256 (Area Code & Daytime Telephone Number)
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
(1	43.75 Filing Fee & \$\ \bigs\ \\$52.50 Filing Fee, ertified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section  Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	2661 Executive Center Circle

Tallahassee, FL.32314

Tallahassee, FL. 32301

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

NORTHBAY PROPERTY SOLUTIONS, INC. (Name of Corporation)		
F150000 2866 (Document Number of Corporation (if known)		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida are coluntarily surrenders its authority to transact business or conduct affairs in Florida.	ıd here	ŧby
This corporation revokes the authority of its registered agent in Florida to accept service on its buppoints the Department of State as its agent for service of process based on a cause of action arising the time it was authorized to transact business or conduct affairs in Florida.	ig dur	ing
The following is a current mailing address for the corporation:  3839 Tower Rd #104  (Mailing Address)	APR 27 PM 3: 07	FILE
(Mailing Address)  Tampa, Fr. 33614  (City/State/Zip)	3: 07	O
(City/ State / Zip)	l	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ress.	
Typed or printed name of person signing)  RESIDENT  (Title of person signing)		