Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number

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DISSOLUTION OR WITHDRAWAL "3" MENTORS, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations
SHRI	IECT: 3 Mentors, Inc.
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Corporation)
DOC	UMENT NUMBER: F16000003672
The e	nclosed withdrawal application and fee are submitted for filing.
	e return all correspondence concerning this r to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
Enclos	(Name of Person) (Area Code & Daytime Telephone Number) sed is a check for the amount:
□ \$35	Filing Fee \$\Bigcup \\$43.75 Filing Fee & B43.75 Filing Fee & B52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

3 Mentors, Inc.

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

(Name of Corporation)

	Tration (if known) NOV 27 Laws of)
F16000003672	
(Document Number of Corporation (if known)	
	~
Ohio	1
(Incorporated Under	Laws of)
	7
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or corporation.	ting affairs within the State of Florida and here
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct affi	process based on a cause of action arising durin
The following is a current mailing address for the corporation	1:
5701 Golden Hills Drive (Mailing Addre	53)
Minneapolis, MN 55416 (City/ State /Zi	p)
()	•
The corporation agrees to notify the Department of State in the Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ic future of any change in its mailing address. (Date)
Anthony G. Thomas (Typed or printed name of person signing)	Vice President (Title of person signing)
EU ING EEK	Pas

FL037 - 0V27-2013 U T Filling Manager Online