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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

DISSOLUTION OR WITHDRAWAL SKARSTEDT GALLERY LTD. CORP.

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TO:	Amendment Section Division of Corporations	
SUR	SKARSTEDT GALLERY LTD, COPR	
5024	(Name of Corporation)	
DOC	JMENT NUMBER: F21000000979	
The e	closed withdrawai application and fee are submitted for filing.	
Pleas	return all correspondence concerning this matter to the following:	
	MARINA PLATONOVA	
	(Name of Person)	
	SKARSTEDT GALLERY LTD	
	(Firm/Company)	
	20 EAST 79TH STREET	
	(Address)	
	NEW YORK, NY 10075	
	(City/State and Zip code)	
For fi	rther information concerning this matter, please call:	
MAR	NA PLATONOVA at (212 737-2060	
	(Name of Person) (Area Code & Daytime Telephone Number)	_
Enclo	sed is a check for the amount:	
■ \$3	Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)	d)
	Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Malling Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

H22000244550

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

	SKARSTEDT G	ALLRY LTD, CORP					
		(Name o	f Corporation)	-			
	F21000000979						
	(Document Number of Corporation (if known)						
	11/02/1995	New York					
	(Incorpori	ated Under Laws of and date author	orized to transact	business/conduct its affairs)	9558 F 2002		
		onger transacting business or s authority to transact busines		ffairs in Florida.	da and bereby		
appoint	s the Department	es the authority of its registe t of State as its agent for servi to transact business or conduct	ce of process b	Florida to accept service on assed on a cause of action aris	its:behalf-and		
The foll	lowing is a curre	nt mailing address for the corp	poration:		m +		
	20 EAST 79TH	STREET					
		(Mailin	ng Address)		<u> </u>		
	NEW YORK, N						
		(City/	State /Zip)				
	Ill	r, president or other of that fiduciary)	_	e of any change in its mailing	g address.		
	MARINA PLATO	NOVA		CONTROLLER			
	(Typed or pris	nted name of person signing)		(Title of person signing) 		

FILING FEE \$35