

F92000000670

Requester's Name  
Address  
City/State/Zip Phone #

Office Use Only

700003124957--9

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): -02/07/00--01003--001

\*\*\*\*\*35.00 \*\*\*\*\*35.00

1. (Corporation Name) (Document #)  
2. (Corporation Name) (Document #)  
3. (Corporation Name) (Document #)  
4. (Corporation Name) (Document #)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB -7 AM 11:37

FILED

☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

WJK  
2-12-00  
PMS

AMENDMENTS

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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

ARISTOCRAT NAPLES, INC.

(Name of Corporation)

OHIO

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

TWO BEREAS COMMONS, SUITE ONE

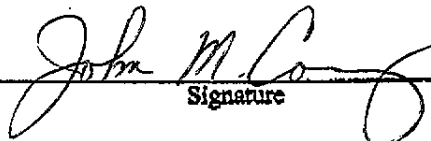
(Mailing Address)

BEREA, OHIO 44017

(City/ State /Zip)

FILED  
00 FEB -7 AM 11:37  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature

SECRETARY

Title

JOHN M. COURY

Typed or printed name

02/01/00

Date