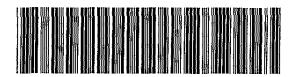
## F93000000556

(Re	equestor's Name)	
(Ad	idress)	
<del></del>		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Consideration by	Fillian Officer	
Special Instructions to	rlling Omcer.	
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withdr. C. Coulliette FEB 2 0 2006

## **COVER LETTER**

Division of Corporations		
SUBJECT:	Cape Fear Compa	
	(Name of Corpora	ition)
DOCUMENT NUMBER:	F93000000556	
The enclosed withdrawal application and	fee are submitted fo	or filing.
Please return all correspondence concerning matter to the following:	g this	
Kathryn R. Posten		
	(Name of Person)	)
<u>Kathryn R. Posten</u>	C.P.A.	
	(Firm/Company)	
4649 Ponce de Leo	Rlyd Suite &	กร
4049 Fonce de Leoi	(Address)	
	,	
Coral Gables, FL		
•	City/State and Zip co	ode)
For further information concerning this m	tter, please call:	
Kathryn R. Posten	at ( 305	) 666–5770
(Name of Person)	(Area	Code & Daytime Telephone Number)
STREET ADDRESS:	•	MAILING ADDRESS:
Amendment Section		Amendment Section
Division of Corporations		Division of Corporations
P.O. Box 6327	•	Clifton Building
Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

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

Cape Fear Company	
(Name of Corporation)	
F9300000556  (Document Number of Corporation (if known)	
Neyada (Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and here coluntarily surrenders its authority to transact business or conduct affairs in Florida.	eby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
4649 Ponce de Leon Blyd., Suite 403 (Mailing Address)	
Coral Gables, FL 33146  (City/State/Zip)  (City/State/Zip)  (City/State/Zip)  (City/State/Zip)  (City/State/Zip)  (City/State/Zip)  (City/State/Zip)	T
The corporation agrees to notify the Department of State in the future of any change in its matting address.	
(Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  February 8, 2006  (Date)	-
Susan Kozusnik Assistant Secretary (Typed or printed name of person signing) (Title of person signing)	-

FILING FEE \$35