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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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withdrawal

TB 4-25-08

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: THE HOUSING RESOURCE FOUNDATION, COUNTRY PLACE INC. (Name of Corporation)		
DOCUMENT NUMBER: F93 000 00 50/5		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
TAY SCHIPPERS (Name of Person)		
(Firm/Company)		
(Firm/Company)		
BROOKLYN NY 1/201 (Address)		
(Address)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
ati (718) 852-4258		
(Name of Person) (Area Code & Daytime Telephone Number)		

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

THE HOUSING RESOURCE FOUN. (Name of Corporation)	DATION, COUNTRY PLACE INC
(Name of Corporation)	,
F 93 50005015 (Document Number of Corporation (i	f known)
DELAWARE (Incorporated Under Laws of	LCC PRODUCTION OF THE PRODUCTI
, , , , , , , , , , , , , , , , , , ,	D SEE TS
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct at	tairs within the State of Florida and hereby
This corporation revokes the authority of its registered agent in I appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flori	pased on a cause of action arising during the
The following is a current mailing address for the corporation:	
10 PIERREPONT ST	
10 PIERREPONT 57 (Mailing Address)	
BROOKLYN NY 1/20 (City/State/Zip)	o (
The corporation agrees to notify the Department of State in the futur	e of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	4-16-08 (Date)
TSCHIPPE US (Typed or printed name of person signing)	EXEC - OIR. (Title of person signing)
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35