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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**DISSOLUTION OR WITHDRAWAL  
SWEDISH MATCH NORTH AMERICA INC.**

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C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SWEDISH MATCH NORTH AMERICA INC.

(Name of Corporation)

**DOCUMENT NUMBER:** F94000000160

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

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Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

