

F94000002269

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALLS CHURCH, VA

03/11/05--01012--019 **35.00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL EMPLOYER SOLUTIONS, INC.
(Name of corporation)

DOCUMENT NUMBER: F94000002269

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORI RIVES KINNEY
(Name of Person)

NATIONAL EMPLOYER SOLUTIONS, INC
(Firm/Company)

2575 WESTSIDE PARKWAY SUITE 100
(Address)

ALPHARETTA GA 30004
(City/State and Zip code)

For further information concerning this matter, please call:

LORI RIVES KINNEY at (770) 625-9111
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

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

NATIONAL EMPLOYER SOLUTIONS, INC.
(Name of Corporation)

F94000002269
(Document Number of Corporation (if known))

GEORGIA
(Incorporated Under Laws of)

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MAR 11 AM 10:09
STATE

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 for the corporation:

2575 WESTSIDE PARKWAY SUITE 100
(Mailing Address)

ALPHARETTA, GA 30004
(City/ State /Zip)

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

Lori Rives Kinney
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

3/7/05
(Date)

LORI RIVES KINNEY
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

FILING FEE \$35