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LLAHASSEF, FLORIDA

Withdr Thewis 422-09

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: FLORIDRON (SOUTH SHORES) LIMITED, INC. (Name of Corporation)							
DOCUMENT NUMBER: F95 000 000 534							
The enclosed withdrawal application and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
BRIAN M SCULTHORP							
BRIAN M SCULTHORP (Name of Person)							
NW INVESTMENTS INC.							
(Firm/Company)							
7725 S. HWY AIA							
(Address)							
MELBOURNE BEACH FL 32951 (City/State and Zip code)							
(City/State and Zip code) '							
For further information concerning this matter, please call:							
BRIAN M SCULTHORP at (321) 727 7058 (Name of Person) (Area Code & Daytime Telephone Number)							
(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 -

	FLORIDRON	(SOUTH	SHORES)	LIMITED	200 RR 20 PH 2: LATE SEE. FLOW			
		(Name of Corp	oration)		10 10			
	F950000	00 534		,	記る「			
	F 9 5 0 0 0 0 0 0 5 3 4 (Document Number of Corporation (if known)							
			_		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	UNITED	KINGDON (Incorporated Under	er Laws of)					
		(meorporated onde	Ci Laws Oi)		D.			
	poration is no longer transacting ly surrenders its authority to tran				rida and hereby			
appoints	poration revokes the authority of the Department of State as its agas authorized to transact busines	gent for service of	process based on	•				
The follo	wing is a current mailing addres	s for the corporation	on:					
	7725	S. HIG (Mailing Add	HWAY	A1A				
	MELBOU	City/ State /	EACH Zip)	FL 329	<u>51</u>			
	oration agrees to notify the Depa	<u> </u>		change in its mailir	ng address.			
(S r	ignature of a director, president or other off eceiver or other court appointed fiduciary,	icer-if in the hands of a by that fiduciary)		15/0 (Date)	9			
_	BRIAN M Sco	ULTHORP		> RECTOR (Title of person signi	ing)			

FILING FEE \$35