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Liberty Financial Advisors, Inc. One Financial Center Boston, MA 02111-2621

800-964-6430

400002988144--4 09/15/99-01086--005 *****35.00 ******35.00

September 9, 1999

VIA Certified Mail Article #Z 431 614 398

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

Re:

Liberty Financial Advisors, Inc. (the "Company")

Dear Sirs:

I enclose herewith for filing an Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida with respect to the above referenced Company. We are no longer doing business in the state of Florida. Also enclosed please find a check in the amount of \$35.00 to cover the cost of the filing fee.

If you have any questions, please do not hesitate to contact the undersigned at (617) 772-3103.

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Very truly yours,

Laurie Russell Assistant Secretary

Enclosures

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TLEWIS SEP 2 1 1999

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

Liberty Financial Advisors, I	nc.		
(Name of Corpora	ation)	SEP 15 WIII: 05	
Delaware		河岛 至	
(Încorporated Under	Laws Of)	200 1	5-
		923 G	
This corporation is no longer transacting business or c	andratina affain within		
and hereby voluntarily surrenders its authority to transa			
and horoby voicinainy surrenders its audiority to trains	act business of conduct	anans in Fiorica,	
This corporation revokes the authority of its registere	ed agent in Florida to :	accent service on its	
behalf and appoints the Department of State as its agei	nt for service of process	based on a cause of	
action arising during the time it was authorized to trans	sact business or conduc	t affairs in Florida.	
-			
The following is a current mailing address to which the	he Department of State	may mail a copy of	
any process against this corporation that may be served	I on the Department.		
One Financial Center			
(Mailing Addre	ess)		ar ar many to "
	,		
Danton WA 00111	/ for		
		, Legal Department	
(City/ State /Zi	p)	- "	.,
The corporation agrees to notify the Department of Sta	ite in the future of any o	hange in its mailing	
address.			
		_ ,	
herent O'Shen	President		
Signature of the chairman or vice chairman of the board,		1 / 1	
president or any officer.	 .		
Kevin L. O'Shea	9/3/99		
Typed or printed name	Date		1 × 1
*			