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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>Cielo Consulting Group Inc.</u> (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: 33333010 Tax-ID
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis Ocharan
(Name of Person)
Cielo Consulting Group Inc. (Firm/Company)
(Firm/Company)
18459 Anes Blud. 185
(Address)
Pembrohe Pines, FL 33029
(City/State and Zip code)
For further information concerning this matter, please call:
Luis Ocharan at (954) 826-4850
(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

Cielo Consulting Group Inc. (Name of Corporation)	
(Name of Corporation)	
F9500005383 (Document Number of Corporation (if known)	
(Incorporated Under Laws of)	**************************************
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.	Dy
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf an 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.	ıd he
The following is a current mailing address for the corporation:	
18459 Arys Blyd. # 185 (Mailing Address)	
Pembroke Pines, FL 33029 (City/State/Zip)	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	
212819011	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	
Luis A. Ocharan Luis 18	
(Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35