# F96000002683

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SECRETARY OF STATE
AND ANSSEE. FLORIDA

Withdrawal
1/3/00

#### **COVER LETTER**

Division of Corporations			
SUBJECT: PREMIS OF ORLANDO, INC. (Name of Corporation)			
DOCUMENT NUMBER: F96000002683			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Cindi Kennedy			
(Name of Person)			
STONE & GERKEN, P.A.			
(Firm/Company)			
4850 N. Highway 19A			
(Address)			
Mount Dora, FL 32757			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Cindi Kennedy at (352) 357-0330 (Name of Person) (Area Code & Daytime Telephone Number)			

### **MAILING ADDRESS:**

C 3

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

	Premus of Orlando, Inc.	(Cross Reference Premus, Inc.)		
(Name of Corporation)				
	F96000002683			
(Document Number of Corporation (if known)				
,	Georgia (Incorporated Un	nder Laws of		
	(Incorporated On	ider Laws 01)		
	poration is no longer transacting business or con ly surrenders its authority to transact business or	ducting affairs within the State of Florida and hereby conduct affairs in Florida.		
appoints t		agent in Florida to accept service on its behalf and f process based on a cause of action arising during the irs in Florida.		
The follow	wing is a current mailing address for the corporat	tion:		
	16403 Myers Court			
	(Mailing Ac	ddress) ZS		
	Clermont, FL 34711	6 DEC CRET, LAHA		
-	(City/ State	:/Zip) SSE 26		
		mor B w		
The corpo	oration agrees to notify the Department of State in	n the future of any change in its mailing address.		
	Spen A. Roll	12-19-06 PM 8		
(Si	gnature of a diffector, president or other officer - if in the hands of eceiver or other court appointed fiduciary, by that fiduciary)	fa (Date)		
	CARY A. RADER	Tradicade		
_	(Typed or printed name of person signing)	(Title of person signing)		

FILING FEE \$35