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Withdrawal

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COVER LETTER

	ment Section n of Corporations	
SUBJECT: _	Aci	e, Sni
		(Name of Corporation)
DOCUMENT	NUMBER:	F9600002855
The enclosed w	rithdrawal application	n and fee are submitted for filing.
Please return al matter to the fo	l correspondence conc llowing:	erning this
		Mitchell Rossi
		(Name of Person)
		Active Day, Inc
		(Firm/Company)
		400 Redland et site 114
		(Address)
		Olvings Mills, MD 21117
		(City/State and Zip code)
For further info	rmation concerning th	is matter, please call:
<i>M</i> ,4	the Rossi	at (443) 548-2223
(Name of Person)	(Area Code & Daytime Telephone Number)
<u>s</u>	STREET ADDRESS:	MAILING ADDRESS:
7	Amendment Section	Amendment Section

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

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

ACSR, Inc. (Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known)
(Common various of cosporation (it allows)
(Incorporated Under Laws of)
(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.
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:
400 Refland of Suite 1/4
Mailing Address) Owings Mills Mo 21117 (City/ State/Zip) Owings Mills Mo 21117
Owings Mills Mo 21117 Co To City/ State/Zip)
SIA N
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a (Date)
receiver or other fourt appointed fiduciary, by that fiduciary)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35