

F96000003432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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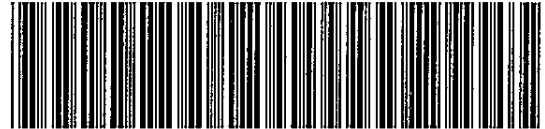
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STARLINE MFG., INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F96000003432

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

SOFIA KOMARNYCKY  
(Name of Person)

STARLINE MFG., INC  
(Firm/Company)

PO BOX 145  
(Address)

DIAMOND POINT, N.Y 12824  
(City/State and Zip code)

For further information concerning this matter, please call:

SOFIA KOMARNYCKY at (518) 668-0171  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

STARLINE MFG., INC.  
(Name of Corporation)

F 96000003432  
(Document Number of Corporation (if known))

NEW YORK  
(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:

P O BOX 145  
(Mailing Address)

DIAMOND POINT, N.Y. 12824  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Sofia Komarnycky

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

April 24/04  
(Date)

SOFIA KOMARNYCKY  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

FILING FEE \$35

TO: FLORIDA DEPARTMENT OF STATE

FILED  
APR 26 PM 11:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA