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| (D, | equestor's Name) | |
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| (ive | squestor s Marrie) | |
| (Ac | idress) | |
| | | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | ısine ss Entity Nar | me) |
| (Do | ocument Number) | <u> </u> |
| | | |
| Certified Coples | Certificates | s of Status |
| | E.V. office | **** |
| Special Instructions to | Filing Officer: | |
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Office Use Only



000042231520

Withdrawal

11/23/04--01001--006 **35.00

FILED

SECRETARY OF STATE
AND ASSEE, FLORIDA



CT CORPORATION

November 22, 2004

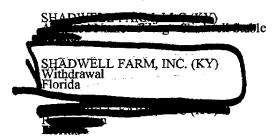
Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 6194056 SO Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



CT CORPORATION

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

| | FLOST |
|--|---|
| Shadwell Farm, Inc. | |
| (Name of Cor | poration) |
| _ | |
| Kentucky (Incorporated U | oder Laws Of |
| (mcorporated of | idel Daws Off |
| This corporation is no longer transacting business | or conducting affairs within the State of Florida |
| and hereby voluntarily surrenders its authority to the | |
| This corporation revokes the authority of its regi behalf and appoints the Department of State as its action arising during the time it was authorized to | agent for service of process based on a cause o |
| The following is a current mailing address for the | corporation: |
| 4600 Ft. Springs Road (Mailing A | (ddress) |
| (wanting / | 10000 |
| Lexington, Kentucky 40513 | |
| (City/ Sta | te /Zip) |
| | |
| The corporation agrees to notify the Department of address. | of State in the future of any change in its mailing |
| +dh () | Vice President |
| Signature of the chairman or vice chairman of the board president, or any officer, or if the corporation is in the receiver, trustee, or other court-appointed fiduciary, by | i, Title nands of a that fiduciary. |
| Rick Nichols | 8:31:2004 |
| Typed or printed name | Date |